

HEALTH REVIEW

FOR THE
CITY OF NEWARK (1)



COVERING THE "DEPRESSION YEARS"
1930 - 1935



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TO THE READER

IN THE SIX YEARS REVIEWED IN THIS REPORT, COVERING THE DEPRESSION YEARS, IT IS REMARKABLE TO BE ABLE TO RECORD SO HIGH A FREEDOM FROM DISEASE AND PREVENTABLE MORTALITY AS TO CONSTITUTE RED LETTER YEARS IN THE HISTORY OF NEWARK'S CIVIC RECORDS. EVERY YEAR DURING THIS PERIOD, HEALTH AWARDS WERE GIVEN THE CITY, BY THE UNITED STATES CHAMBER OF COMMERCE AND THE AMERICAN PUBLIC HEALTH ASS'N.

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CONTENTS

<u>ARTICLE</u> - THE ECONOMIC REVOLUTION AND HEALTH	1
<u>THE DEPRESSION YEARS</u>	4
HEALTH SURVEYS	6
GENERAL MORTALITY IN NEWARK	10
REDUCED MORTALITY FROM SPECIAL CAUSES	11
REDUCED MORTALITY FROM EPIDEMIC DISEASES	12
INCREASED MORTALITY IN SIX YEARS	19
EPIDEMIC DISEASE PREVALENCE	22
BIRTHS AND DEATHS AMONG COLORED	24
<u>SPECIAL TABLES</u>	27
<u>FINANCIAL REPORT</u>	31
<u>DIVISIONAL REPORTS</u>	
SANITARY DIVISION	32
COMMUNICABLE DISEASE DIVISION	34
INDUSTRIAL HYGIENE DIVISION	35
PLUMBING DIVISION	36
FOOD & DRUG DIVISION	37
VETERINARY MEAT INSPECTION DIVISION	40
CITY DISPENSARY	41
TUBERCULOSIS DIVISION	42
CHILD HYGIENE DIVISION	44
PAROCHIAL SCHOOL MEDICAL INSPECTION	48
VENEREAL DISEASE CONTROL DIVISION	50
BACTERIOLOGICAL LABORATORY	51
SEROLOGICAL LABORATORY	52
CHEMICAL LABORATORY	53

FOR SIX YEARS 1930-1935
AND
BRIEF DIVISIONAL REPORTS

BEFORE DISCUSSING THE HEALTH OF NEWARK FOR THE PAST SIX YEARS WHICH INCLUDED OUR GREATEST DEPRESSION ERA, I BELIEVE A STUDY OF SOCIAL AND ECONOMIC PROBLEMS AND THEIR RELATIONSHIP TO PUBLIC HEALTH IS ESSENTIAL.

Charles F. Craster

M.D., D.P.H.

HEALTH OFFICER

THE ECONOMIC REVOLUTION AND HEALTH

WITHIN THE LAST FIFTY YEARS SO GREAT A CHANGE HAS TAKEN PLACE IN THE LIVING CONDITION OF OUR PEOPLE, IN THEIR MANNERS AND METHODS OF LIVING, IN THEIR HOMES AND SURROUNDINGS, IN THEIR RECREATIONS AND THEIR PLEASURES, IN THEIR WORKING PLACES AND THE TOOLS OF THEIR TRADES, THAT IT HAS BEEN WELL DESCRIBED AS AN ECONOMIC REVOLUTION. THIS REVOLUTION HAS AFFECTED VERY LARGELY THE RELATION OF THE FAMILY, SO THAT OLD IDEALS AND STANDARDS NO LONGER COUNT IN THE LIVES OF INDIVIDUALS.

THE ECONOMIC REVOLUTION BROUGHT ABOUT THE GROWTH OF GREAT CITIES AND A CHANGED INDUSTRIAL LIFE. IT AFFECTED ALSO THE OLD FAMILY LIFE BRINGING WITH IT NEW LIBERTIES AND A TOTALLY NEW OUTLOOK. THE OLD TRADES FORMERLY CARRIED ON IN THE HOME, BY ALL MEMBERS OF THE FAMILY, AND WHERE CONTINUAL SUPERVISION WAS POSSIBLE BY THE HEAD OF THE FAMILY, WERE TRANSFERRED TO THE FACTORY AND THE WORKSHOP. THE FAMILY WAS SCATTERED ABROAD AND ENTERED A NEW LIFE OF FREEDOM FROM RESPONSIBILITY AND PARENTAL CARE. THE YOUNG WORKER AND THE PLACES OF HIS AND HER EMPLOYMENT THEN BECAME THE CHARGE OF THE STATE, AND THE CONDITIONS OF INDUSTRIAL LIFE, THE CONCERN OF FEDERAL AND STATE LAWS.

A MACHINE AGE

THE TRANSITION FROM HIT OR MISS HAND LABOR, TO THE MORE EFFICIENT AND PERFECT WORKING OF MACHINERY HAS BROUGHT ABOUT A SOMEWHAT SIMILAR STANDARDIZING OF THE HOME SO THAT WE HAVE IN THE AVERAGE DWELLING OF TODAY, A PRECISION AND A PERFECTION OF LIVING FORMERLY IMPOSSIBLE IN THE OLD ENVIRONMENT. THE REMOVAL OF THE TRADES FROM THE HOME HAS ENABLED THE FAMILY TO RESTRICT THE DWELLING FOR LIVING PURPOSES ONLY, WITH RESULTING IMPROVEMENTS IN THE CLEANLINESS AND USEFULNESS OF FURNITURE AND APPOINTMENTS. THE MACHINE AGE HAS BROUGHT TO OUR DOORS CONVENIENCES AND UTILITIES FORMERLY UNDREAMED OF, SO THAT WE HAVE WATER, ELECTRICITY, GAS, AND FOOD AVAILABLE AT ALL TIMES, AND OF A QUALITY AND STANDARD GUARANTEED BY CITY GOVERNMENT, OR BY LARGE CORPORATIONS RESPONSIBLE TO THEM. THIS HIGHLY SPECIALIZED SERVICE HAS BROUGHT ABOUT GROUP ACTION IN MANY OTHER LINES OF ACTIVITY, SUCH AS IN OUR SCHOOLS, HOSPITALS AND RECREATIONS, WHICH ARE BECOMING STANDARDIZED IN AN EVER UPWARD MOVING DIRECTION, TOWARDS FULLER AND BETTER ATTAINMENT. WE NO LONGER DEMAND INDIVIDUAL TYPES OF ACTIVITY, BUT RATHER THAT ADOPTED BY THE COMMUNITY AS A WHOLE.

DISINTEGRATION OF HOME TIES

WITH THE ADVENT OF THE MACHINE AGE, THERE HAS BEEN A CORRESPONDING CHANGE IN THE ATMOSPHERE OF THE HOME. THE OLD DWELLING HOUSE WITH ITS PRIVACY, ITS AIRY ROOMS AND SPACIOUS YARD IS GIVING PLACE MORE AND MORE TO LIFE IN TENEMENTS AND APARTMENT BUILDINGS. SPACE IS BEING SACRIFICED TO UTILITY, AND PRIVACY TO CONVENIENCE. THE ATTRACTIONS OF THE APARTMENT DWELLING IS IN ITS FREEDOM FROM THE PROBLEMS OF HEATING AND DOMESTIC SERVICE WHICH APPARENTLY COMPENSATE FOR THE LACK OF PRIVACY AND THE SMALLER LIVING ROOMS.

EFFECTS ON THE CHILD

THE CHANGES IN THE HOMES OF THE PEOPLE HAS HAD A VERY CONSIDERABLE EFFECT UPON THE LIVES OF OUR CHILDREN. GONE ARE THE FIELDS AND OPEN SPACES FOR PLAY AND RECREATION. THE TENEMENT BUILDING OR APARTMENT HOUSE SELDOM HAS A YARD OR GARDEN, AND PLAY SPACES UPON ROOFS ARE SELDOM PROVIDED, WITH THE RESULT THAT CHILDREN ARE DRIVEN UPON OUR STREETS AND HIGHWAYS, TO DODGE AUTOMOBILES AND TO INHALE THE DUST AND DIRT OF FAST MOVING TRAFFIC. AS RUSKIN SAYS, "OUR CITIES HAVE BECOME MERE CROWDED MASSES OF STORE AND WAREHOUSE AND COUNTER, CITIES IN WHICH THE OBJECT OF MAN IS NOT LIFE, BUT LABOR, AND IN WHICH ALL THE MAGNITUDE OF EDIFICES IS TO ENCLOSE MACHINERY. CITIES IN WHICH STREETS ARE NOT AVENUES FOR THE

PASSING AND PROCESSION OF A HAPPY PEOPLE, BUT DRAINS, FOR THE DISCHARGE OF A TORMENTED MOB, IN WHICH THE ONLY OBJECT IN REACHING ANY SPOT IS TO BE TRANSFERRED TO ANOTHER, IN WHICH EXISTENCE BECOMES WERE TRANSITION, AND EVERY CREATURE IS ONLY ONE ATOM IN A DRIFT OF HUMAN DUST AND INTERCHANGING PARTICLES".

TO THIS CHANGE IN OUR CITIES, THE CHILD HAS BEEN AN UNRECOGNIZED VICTIM AND HE HAS BECOME MECHANIZED LIKE THE REST. HIS PARENTS VERY FREQUENTLY ARE BOTH EMPLOYED IN OFFICE OR FACTORY AND AS SOON AS POSSIBLE HE GOES TO A DAY NURSERY, KINDERGARTEN OR SCHOOL. FOR A FEW BRIEF HOURS BEFORE BED, HE ENJOYS THE SOCIETY OF HIS PARENTS, TOO FREQUENTLY TIRED OUT AND ILL-TEMPERED AS A RESULT OF BUSINESS EXHAUSTION, TO GIVE THE QUESTIONING CHILD PROPER ATTENTION. THE BURDEN OF CHILD EDUCATION AND INSTRUCTION IS BEING MORE AND MORE SHIFTED BY THE PARENTS UPON THE SHOULDERS OF THE SCHOOL TEACHERS, AND THE SUNDAY SCHOOL INSTRUCTOR, WITH THE RESULT THAT MANY IMPORTANT SUBJECTS, SUCH AS SEX HYGIENE AND PERSONAL MANNERS ARE LEFT UNCARED FOR AND UNSPONSORED. THE RESULTS OF THIS LACK OF DEFINITE EARLY TRAINING AND EDUCATION OF THE YOUNG ARE SHOWN IN THE APPALLING PREVALENCE OF VENEREAL DISEASES AND THE HIGH RATES OF CRIME AND MISDEMEANORS AMONG YOUNG ADULTS. THERE IS NEED FOR INTEGRATION OF FAMILY LIFE TO COUNTERBALANCE THE DISINTEGRATION OF OUR MACHINE AGE, AND A MORE ACTIVE INTEREST IN THE PROBLEMS OF CHILDHOOD BY THE RESPONSIBLE AUTHORITY - THE PARENTS THEMSELVES.

PUBLIC BECOMES HEALTH WISE

PROGRESS IN EVERY LINE OF PUBLIC HEALTH HAS BEEN TRULY GIGANTIC DURING THE LIFE TIME OF THE AVERAGE MIDDLE AGED PERSON. IT WOULD BE FOOLISH, OF COURSE, TO GIVE TO ANY ONE PARTICULAR HEALTH ACTIVITY, THE CREDIT FOR REDUCTION IN MORTALITY AND DISEASE PREVALENCE. IT HAS OCCURRED AS A RESULT OF THE WIDER APPRECIATION OF DISEASE-PREVENTING AND HEALTH-ENSURING MEASURES. BY THE COMMON USE OF VACCINES AND SERUMS FOR THE CURE AND PREVENTION OF EPIDEMIC DISEASES, AND BY THE LIBERAL ATTITUDE OF HEALTH DEPARTMENTS IN THE FREE DISTRIBUTION OF THESE LIFE SAVING REMEDIES. IT HAS OCCURRED AS A RESULT OF A WIDENED HORIZON OF PUBLIC OPINION, BACKED BY THE GENERAL ADOPTION OF MODERN HEALTH LAWS, CONSISTENTLY APPLIED, A JUSTER APPRECIATION OF THE NEED FOR ISOLATION AND QUARANTINE IN EPIDEMIC DISEASES, BETTER MEDICAL AND NURSING SERVICE, MORE EXTENDED HOSPITALS AND DISPENSARY FACILITIES, AND A MORE REAL EFFORT TO SOLVE SOCIAL PROBLEMS BY SOCIAL SERVICE AGENCIES.

THE INTENSIVE ACTIVITIES OF PRIVATE AND PUBLIC HEALTH ASSOCIATIONS HAVE BEEN INSTRUMENTAL IN LEAVENING THE GREAT MASS OF PUBLIC OPINION WITH IMPROVED STANDARDS OF HEALTH, AND FOR BETTER WAYS OF LIVING. OUR NEWSPAPERS AND ANTI-TUBERCULOSIS LEAGUES HAVE PREACHED THE GOSPEL OF "THE OUT-OF-DOORS" AND THE CURABILITY OF TUBERCULOSIS; CHILD WELFARE ASSOCIATIONS HAVE STRESSED THE IMPORTANCE OF PROPER AND SCIENTIFIC CHILD CARE AND INFANT FEEDING. WOMEN'S CLUBS, THROUGH THEIR HEALTH COMMITTEES, HAVE AWAKENED A NEW INTEREST IN FOOD, ITS CARE AND COOKING. BOY SCOUTS AND CAMP FIRE GIRLS HAVE IMBIBED THE TRUE KNOWLEDGE OF HEALTH AND THE LOVE OF NATURE BY CLEAN PHYSICAL SPORTS. CHAMBERS OF COMMERCE, ROTARY AND OTHER MEN'S CLUBS HAVE FOSTERED HEALTH WEEKS, AND THE DUTIES OF THE CITIZEN TO THE COMMUNITY IN MATTERS OF SICKNESS, AND THE CARE OF CRIPPLES AND THE POOR. IT HAS BEEN IN SHORT, A POPULAR PLANK IN ALL CLUBS TO EMPHASIZE HEALTH AND POPULARIZE SPORT AND RECREATION OUT OF DOORS. WE HAVE IN FACT, ESTABLISHED IN OUR COMMUNITY, A HEALTH CONSCIENCE WHICH MAKES PUBLIC HEALTH AND LIFE CONSERVING EFFORTS EASY TO SELL TO THE AVERAGE PERSON OF TODAY.

PUBLIC OPINION HAS ADVANCED IN RECENT YEARS IN KNOWLEDGE AND APPRECIATION OF THE BENEFITS OF PREVENTIVE MEASURES, INASMUCH AS VERY DEFINITE FACTS HAVE BEEN EXPLAINED TO AND SOLD TO THE PUBLIC BECOMING INCORPORATED INTO THE MASS OF PUBLIC OPINION.

IT THUS HAPPENS THAT THE INDIVIDUAL OF TODAY IS MORE FAMILIAR WITH HOW TO COMBAT DISEASE AND TO CARRY OUT EFFECTIVE HYGIENE THAN MANY PHYSICIANS WERE TWENTY YEARS AGO. THE PUBLIC HAS ACCEPTED AS TRUE, CERTAIN WELL SUBSTANTIATED MEDICAL FACTS, AND OPPOSITION TO THEM BY A GROUP OR GROUPS OF INTERESTED INDIVIDUALS SELDOM SWAYS ANY LARGE NUMBER OF THE COMMUNITY. THE OUTSTANDING CONQUESTS OF HEALTH AND SANITARY ACTIVITIES ARE LIKE HIGH PEAKS IN A MOUNTAIN RANGE AND INCLUDE:

SMALLPOX ELIMINATED BY JENNER'S VACCINATION,
 PASTEUR TREATMENT PREVENTS ONSET OF HUMAN RABIES,
 PURE WATER SUPPLY PREVENTS CHOLERA, TYPHOID FEVER AND DYSENTERY,
 TYPHOID IMMUNIZATION PREVENTS TYPHOID FEVER IN ARMY CAMPS,

ELIMINATION OF FLIES AND STERILIZATION OF FEEDING BOTTLES HAS BANISHED SUMMER
DIARRHOEA,
CONQUEST OF MALARIA AND YELLOW FEVER BROUGHT ABOUT BY ANTI-MOSQUITO MEASURES,
TUBERCULOSIS CONTROLLED BY HOSPITALIZATION AND EARLY DIAGNOSIS OF INCIPIENT CASES
OF THE DISEASE,
LOCKJAW MORTALITY REDUCED BY ANTI-TETANIC SERUM,
OUR LOW INFANT MORTALITY BROUGHT ABOUT BY CHILD HYGIENE TEACHING, PASTEURIZATION
OF MILK SUPPLIES AND MORE GENERAL, MATERNAL NURSING OF THE BABY,
HOOKWORM INFECTION ELIMINATED BY THE COMPLETE KNOWLEDGE OF THE LIFE CYCLE OF
HOOKWORM,
SYPHILIS CURED BY THE ADMINISTRATION OF SALVARSAN, EHRLICH'S "606", AND WASSERMAN
-TEST,
OPHTHALMIA NEO-NATORUM PREVENTED BY USE OF CREDE'S SILVER NITRATE METHOD,
GOITRE PREVENTED AND CURED BY USE OF IODINE,
COMMERCIAL METAL POISONING NOW PREVENTED BY USE OF NON-TOXIC COMPOUNDS,
LEPROSY NOW CURABLE BY CHALMOOGRA OIL,
DIPHTHERIA ON POINT OF ELIMINATION BY IMMUNIZATION WITH TOXIN ANTITOXIN, TOXOID,
PNEUMONIA MORTALITY REDUCED BY USE OF ANTI-PNEUMONIA SERUM,
DIABETES NOW SUCCESSFULLY TREATED WITH INSULIN,
SCARLET FEVER AND EPIDEMIC SORE THROAT MORTALITY REDUCED BY MEANS OF PASTEURIZA-
TION OF MILK, AND USE OF ANTITOXIC SERUM,
DEATHS FROM PERITONITIS FORMERLY FREQUENT, NOW PREVENTED BY OPERATION FOR
APPENDICITIS.

ALL HEALTH PROGRESS IS A QUESTION OF EDUCATION AND AVAILABLE FUNDS FOR PUBLIC-
ITY. IT IS NOW MANY YEARS SINCE THE NEW YORK STATE HEALTH DEPARTMENT ADOPTED THE SLOGAN
THAT "PUBLIC HEALTH IS PURCHASABLE" A CHOICE OF EXPENDITURE, WHOSE APPEAL FEW MUNICIPAL-
ITIES HAVE BEEN ABLE TO RESIST.

WHAT ARE OUR AIMS?

WE ARE LONG PAST THE STAGE WHEN THE CRUDITIES OF SAN-
ITATION OF HOUSE AND ENVIRONMENT ARE ANY PROBLEMS
OF CITY GOVERNMENT. IN OUR EFFORTS TO IMPROVE THE PUBLIC HEALTH, WE MUST HAVE SOME
DEFINITE AIM AT WHICH TO STRIVE FOR. IN ANY IDEAL, IT IS VERY NECESSARY TO STRIP AWAY
ALL FANTASTIC OR VISIONARY DREAMS AND TO GET DOWN TO ACTUAL BEDROCK OF REQUIREMENTS.
WHAT CAN WE EXPECT TO DO IN THE NEXT FEW YEARS TO RAISE THE STANDARD OF HEALTH, OF WEL-
FARE, AND GENERAL WELL BEING?

THE CHIEF CONCERN IS, OF COURSE, THE REDUCTION IN THE DEATHS AND PREVALENCE
OF CONTAGIOUS DISEASES. THUS WE WILL LOOK FORWARD TO THE COMPLETE ABOLITION OF DIPHTH-
THERIA FROM CITY POPULATIONS BY GENERAL IMMUNIZATION AT SIX MONTHS OF AGE; COMPLETE
VACCINATION AGAINST SMALLPOX AMONG WHITE AND COLORED OF OUR POPULATION; THE CONTROL
OF WHOOPING COUGH BY PREVENTIVE VACCINE AND SKIN TEST FOR THOSE EXPOSED TO INFECTION.

THE DEVELOPMENT OF SOME EFFECTIVE PREVENTIVE VACCINE OR SERUM AGAINST THE
RAVAGES OF MEASLES, AT PRESENT SO UNCONTROLLED AND WIDESPREAD IN OUR CITIES. THE
IMMUNIZATION OF SUSCEPTIBLE CHILDREN AGAINST SCARLET FEVER BY MEANS OF THE DICK VAC-
CINE AND DICK TEST. THE CONTROL OF INFLUENZA AND GRIPPE EPIDEMICS BY IMMUNIZATION OF
THE INDIVIDUAL AGAINST THE PREVALENT GERMS OF THESE DISEASES. THE COMPLETE EXTIRPA-
TION OF TUBERCULOSIS BY EDUCATION OF THE PUBLIC IN THE KNOWLEDGE OF EARLY SYMPTOMS,
AND THE PROMPT HOSPITAL TREATMENT OF INCIPIENTS. VERY PROMISING RESULTS MAY BE LOOKED
FORWARD TO IN THE GENERAL ADOPTION OF ARTIFICIAL PNEUMO THORAX AS A CURATIVE MEASURE,
AND THE MANTOUX SKIN TEST AS A PREVENTIVE MEASURE.

THE REDUCTION IN THE DEATH RATE FROM PNEUMONIA BY THE MORE GENERAL ADMINIS-
TERING OF PNEUMONIA ANTI-SERUM BY HOSPITALS AND PHYSICIANS. THE REDUCTION IN THE INF-
ANT MORTALITY RATE TO EQUAL OR EXCEL THAT OF THE LOWEST RECORDS ABROAD. PRENATAL
SERVICE FOR EVERY EXPECTANT MOTHER WITH A CONSEQUENT MORTALITY RATE AS LOW AS THAT OF
OTHER MINOR OPERATIONS IN GENERAL.

THE EVENTUAL CONTROL OF CANCER BY EARLY DIAGNOSIS AND OPERATION OR TREATMENT
BY RADIUM. A COMPLETE PHYSICAL EXAMINATION BY THE FAMILY PHYSICIAN OF CHILDREN OF PRE-
SCHOOL AGE. MORE EXTENDED FACILITIES FOR THE TREATMENT OF DEFECTS FOUND IN CHILDREN,
ESPECIALLY WHEN THESE AFFECT THE TEETH, TONSILS AND ADENOIDS.

THE MORE GENERAL ADOPTION OF THE ANNUAL MEDICAL EXAMINATION OF ALL ADULTS, INASMUCH AS THE BIRTH RATE IS BECOMING LOWER, TO EMPHASIZE THE NEED FOR THE CARE IN THE PRENATAL LIFE OF THE MOTHER SO THAT WE MAY HAVE HEALTHIER AND BETTER BABIES. A MORE GENERAL EFFORT TO REDUCE THE HIGH FATALITY FROM ORGANIC HEART DISEASE BY AN INTENSIVE STUDY AND PUBLICITY UPON THE CAUSES. TO WORK TOWARD A MORE GENERAL RECOGNITION OF THE PUBLIC THAT THERE IS NO PANACEA AGAINST AGE AND THE DISEASES OF DEGENERATION, BUT THAT OUR PROGRESS TOWARDS PHYSICAL INCAPACITY CAN BE CONSIDERABLY SLOWED BY CORRECT LIVING HABITS.

THAT THE EARLY YEARS OF CHILD LIFE BE NOT A SPHINX, WHOSE RIDDLE ONE MUST ANSWER TO LIVE, AND THROUGH WHOSE FROWNING PORTALS LIES THE ROAD TO NAU-HOOO AND WOMANHOOD, BUT RATHER A CLEAR CUT WAY FILLED WITH CHEERFUL AND FRIENDLY GUIDES THAT WE CAN CALL UPON FOR HONEST AND FAITHFUL ADVICE AGAINST THE MANY PITFALLS THAT BESET THE WAY OF THE YOUNG, THROUGH THE YEARS OF SCHOOL AND EARLY YOUTH AND EVEN TO MORE ADVANCED AGES.

DISEASE NOT INEVITABLE

DISEASE IS NOT INEVITABLE, FOR ALL THE SIGNS POINT TO AN INCREASING AID FROM NATURAL AND ACQUIRED IMMUNITY IN HUMAN BEINGS, TO ALL OUR KNOWN INFECTIONS. AS IT IS AN ACCEPTED FACT IN MILITARY TACTICS THAT VICTORY IS NOT COMPLETE WITHOUT AN EFFECTIVE PURSUIT SO MUST WE SIFT OUT AND ADOPT MEANS TO ROUT THE RETREATING ARMY OF DISEASE. THE MOST ENCOURAGING STEPS ALONG THIS LINE ARE OF COURSE, THE DISCOVERIES OF PREVENTIVE MEDICINE AND THE VARIOUS METHODS OF PICKING OUT THE SUSCEPTIBLE INDIVIDUAL AND RAISING THE NATURAL RESISTANCE BY THE INOCULATION OF VACCINES AND TOXINS OF SPECIFIC TYPE. IF WE CAN ELIMINATE THE INCIDENCE OF ENDEMIC DISEASES BY PROPHYLACTIC INOCULATIONS, WE MAY AWAKE SOME MORNING TO FIND THEM GONE FROM AMONG US LIKE THE LEPERS OF OLD.



THE DEPRESSION YEARS

THE SIX YEARS WHICH THIS REPORT COVERS WILL GO DOWN IN HISTORY AS THE DEPRESSION YEARS. DURING THIS PERIOD THERE WAS EXPERIENCED A NATION-WIDE CESSATION OF TRADE AND INDUSTRIAL ACTIVITY RESULTING IN WIDESPREAD UNEMPLOYMENT, DISTRESS, AND IN SOME INSTANCES ACTUAL STARVATION AMONG LARGE GROUPS OF OUR POPULATION. THE EFFECTS WERE SHOWN IN REDUCED FEDERAL, STATE AND MUNICIPAL BUDGETS, IN MANY INSTANCES BRINGING ABOUT CURTAILMENT IN NECESSARY EXPENDITURES FOR HEALTH PROTECTION.

THE GREAT NUMBERS OF UNEMPLOYED IN OUR CITIES BROUGHT ABOUT INCREASED DEMANDS FOR MANY HEALTH ACTIVITIES, PRINCIPALLY MEDICAL CARE BY PHYSICIANS AND DISPENSARIES, IN CHILD HYGIENE AND INCREASED DEMANDS FOR HOSPITALIZATION, FOR REDUCED INCOMES DID NOT PERMIT OF LONG, CONTINUED CARE OF THE SICK IN THE HOMES. THERE WAS ALSO A GREATER DEMAND FOR TUBERCULOSIS SANATORIUM CARE, FOR ODD JOBS FOR THE AMBULANT SUFFERERS WERE DIFFICULT TO OBTAIN.

THE REDUCED WAGES OF THOSE EMPLOYED BROUGHT INCREASING DEMANDS FOR FREE SERVICES IN OUR CLINICS. THIS WAS EVIDENT IN OUR VENEREAL DISEASE AND IN OUR DENTAL CLINICS, AS WELL AS FOR THE FREE INSULIN FOR DIABETICS AND COD LIVER OIL FOR UNDER-NOURISHED CHILDREN.

INCREASED SOCIAL SERVICES

THERE WAS AN INCREASED DEMAND BY THE SOCIAL AGENCIES DURING THIS PERIOD FOR THE HEALTH DEPARTMENT TO PROVIDE SERVICES NOT USUALLY UNDERTAKEN. THESE INCLUDED THE APPOINTMENT OF VISITING HOUSEKEEPERS TO ASSIST FAMILIES IN GENERAL HOUSEKEEPING PROBLEMS. PROVISION WAS MADE TO FILL PRESCRIPTIONS FOR THE SICK POOR AT THE CITY DISPENSARY. PRESCRIPTIONS WERE FILLED FOR ANY LOW WAGE FAMILY UNABLE TO PAY FOR MEDICINES. THE GREAT PROBLEM OF THE HEALTH DEPARTMENT DURING THESE DEPRESSION YEARS WAS TO SEE THAT THE AVERAGE INDIVIDUAL WAS WELL FED, FAIRLY WELL CLOTHED AND SATISFACTORILY HOUSED. THIS PARTICULARLY APPLIED TO THE CHILDREN WHERE PROBLEMS OF NUTRITION WERE OF FIRST IMPORTANCE. INCREASED ATTENTION WAS NATURALLY REQUIRED TO BE GIVEN TO OUR SCHOOL CHILDREN. VERY CAREFUL WATCH HAD TO BE KEPT FOR UNDER-NUTRITION, AND FOR ANY POSSIBLE DEFECT SUCH AS RICKETS WHICH MIGHT BE TRACED TO LACK OF NOURISHMENT. THE HEALTH DEPARTMENT WAS VITALLY INTERESTED IN SEEING THAT NOTHING SHOULD INTERFERE WITH FUTURE GENERATIONS OBTAINING A GOOD START, BOTH PHYSICALLY AND MENTALLY, AND OUR ACTIVITIES WERE PRINCIPALLY DIRECTED TO THIS END.

DURING THESE YEARS OF DEPRESSION, THERE WAS NATURALLY MUCH OVERCROWDING IN OUR HOMES. THIS WAS NECESSARY BECAUSE LACK OF JOBS AND WAGES MADE IT NECESSARY FOR MANY FAMILIES TO "DOUBLE UP", TO SAVE EXPENSES, AND THE WAGE EARNING FAMILIES TO TAKE IN RELATIVES THAT WERE NOT SO WELL SITUATED. HOWEVER, THE OVERCROWDING WAS NOT ALLOWED TO BECOME DANGEROUS TO HEALTH, AND SANITARY VIOLATIONS WERE NOT TOLERATED. THE HIGHER STANDARDS OF LIVING AMONG OUR PEOPLE AT THIS TIME DID NOT ALLOW GREAT ABUSES TO EXIST. A SPIRIT OF COOPERATION ENABLED THE SOCIAL AGENCIES AND THE CITY POOR AND ALMS DEPARTMENT TO COVER ADEQUATELY ANY FAMILIES IN DIRE NEED OF THE NECESSITIES OF LIFE.

INCREASE IN MEDICAL AND DISPENSARY CARE

THE CURTAILMENT OF FAMILY INCOMES AND THE GREATLY INCREASED MASS OF INDIGENT POOR, BROUGHT ABOUT, DURING THE SIX DEPRESSION YEARS, GREATER DEMANDS FOR MEDICAL AND DISPENSARY CARE. PRIOR TO 1930, THE CITY DISPENSARY AVERAGED SLIGHTLY LESS THAN 100,000 TREATMENTS A YEAR WITH AN EQUAL NUMBER OF PRESCRIPTIONS FILLED BY THE CITY PHARMACY. THE FOLLOWING TABLE WILL INDICATE THE RISE IN THE NUMBER OF MEDICAL TREATMENTS GIVEN AND PRESCRIPTIONS FILLED BY THE CITY DISPENSARY, AS WELL AS CALLS MADE BY THE DISTRICT PHYSICIANS.

<u>YEAR</u>	<u>TREATMENTS</u>	<u>PRESCRIPTIONS FILLED</u>	<u>DISTRICT DR. CALLS</u>
1930	139,816	168,956	9,763
1931	207,614	257,230	15,135
1932	265,907	285,473	16,900
1933	315,490	353,581	21,155
1934	295,037	238,170	12,050
1935	281,615	158,616	4,819

E. R. A. MEDICAL CARE

UP TO APRIL 11, 1933, THE RELIEF OF THE INDIGENT POOR WAS CARRIED ON BY THE POOR AND ALMS DEPARTMENT OF THE CITY OF NEWARK. FROM THAT DATE ON TO APRIL 16, 1936, RELIEF WAS ADMINISTERED BY THE FEDERAL EMERGENCY RELIEF ADMINISTRATION WITH A LOCAL STATE UNIT "SET-UP". UNDER THE E. R. A., THE MEDICAL CARE OF ALL INDIGENTS WAS MET BY DIRECT PAYMENTS TO PHYSICIANS AND PHARMACIES. THIS REDUCED CONSIDERABLY THE LOAD CARRIED BY THE HEALTH DEPARTMENT AND THE DISPENSARY SERVICE, AND CALLS FOR DISTRICT PHYSICIANS. THERE WAS, HOWEVER, STILL CONSIDERABLE NEED TO HELP OUT THE LOW WAGE FAMILY WHERE THERE APPEARED DEFINITE INABILITY TO MEET MEDICAL AND SURGICAL EXPENSES. ALL PERSONS, HOWEVER, APPLYING TO THE DISPENSARY FOR MEDICAL TREATMENT AND NOT UNDER E. R. A. RELIEF WERE INVESTIGATED BY A STAFF OF SOCIAL SERVICE INVESTIGATORS, TO DETERMINE THE WORTHINESS OF THE APPLICATION. (NOTE--ERA RELIEF STARTED 1933--STATE LEO RELIEF JUL-1934.)

VENEREAL DISEASE & DENTAL CARE

VENEREAL DISEASE TREATMENTS AND THOSE FOR DENTAL CARE WERE CONSIDERABLY INCREASED DURING THE SIX YEARS 1930 TO 1935. THE SAME CAN BE SAID OF SPECIAL MEDICINE SUCH AS INSULIN FOR DIABETICS. THE AVERAGE EXPENDITURE FOR FREE DISTRIBUTION OF THIS MEDICATION BEFORE 1930 AVERAGED \$2,000 PER ANNUM. THIS AMOUNT WAS FINALLY TRIPLED BEFORE THE END OF 1935. VENEREAL DISEASE TREATMENTS AVERAGED ABOUT 45,000 PER YEAR BEFORE 1930. DURING 1930 - 1935, THIS NUMBER WAS TRIPLED.

SO MANY DEMANDS WERE MADE FOR DENTAL CARE DURING THESE YEARS, THAT THE SERVICE HAD TO BE INCREASED FROM ONE PAID DENTIST AND ONE CHAIR FIVE TIMES A WEEK, TO FIVE PAID DENTISTS, SEVERAL VOLUNTEERS AND FOUR CHAIRS, SIX DAYS A WEEK. EVEN THE MOST SANGUINE EXPECTATIONS OF IMPROVED ECONOMIC CONDITIONS CAN HARDLY ASSURE US THAT THE PROBLEM OF THE MEDICAL CARE OF THE INDIGENT SICK WILL ABATE TO ANY GREAT DEGREE DURING THE COMING TWO OR THREE YEARS.

RELIEF SITUATION

AVAILABLE FIGURES ON RELIEF INDICATES THE DEGREE OF NEED FOR ASSISTANCE BY CLINICS AND DISTRICT PHYSICIANS DURING THE SIX YEARS 1930 - 1935. THE FOLLOWING TABLE SHOWS THE NUMBER OF FAMILIES AND INDIVIDUALS ON RELIEF DURING THE MONTHS OF DECEMBER OF THESE YEARS IN THE CITY OF NEWARK, NEW JERSEY.

DECEMBERFAMILIES ON RELIEFPERSONS ON RELIEF

1930	5,484	24,129
1931	7,180	30,592
1932	11,940	52,536
1933	14,331	58,564
1934	21,902	90,989
1935	14,393	63,084

(THESE FIGURES WERE SUPPLIED BY THE POOR AND ALMS DEPT.
OF THE CITY OF NEWARK, N. J.)

INTERCHAMBER OF COMMERCE
AWARDS

THIS CERTIFIES THAT
NEWARK NEW JERSEY
HAVING TWICE WON THE
HEALTH CONSERVATION CONTEST
IN ITS POPULATION GROUP AND
HAVING MAINTAINED DURING 1935
ITS PREVIOUS HIGH STANDARD
OF HEALTH ACHIEVEMENT
IS HEREBY GIVEN A

SPECIAL CERTIFICATE OF MERIT
IN THE 1935 INTER-CHAMBER
HEALTH CONSERVATION CONTEST
CONDUCTED UNDER AUSPICES OF
U. S. CHAMBER OF COMMERCE
WITH COOPERATION OF THE
AMERICAN PUBLIC HEALTH ASSN

Harvey Wiley
PRESIDENT
US CHAMBER OF COMMERCE

IN 1930 THE HEALTH DEPARTMENT OF THE CITY OF NEWARK WITH THE ASSISTANCE OF THE NEWARK CHAMBER OF COMMERCE WAS VOTED THE HIGHEST AWARD, A BRONZE PLAQUE, FOR EFFICIENT AND PROGRESSIVE HEALTH WORK FOR THE YEAR 1930, AMONG ALL THE CITIES OF THE UNITED STATES WITH A POPULATION BETWEEN 250,000 AND 500,000. THE STANDARD OF EXCELLENCE IN HEALTH ACTIVITIES AS CARRIED OUT BY THE DEPARTMENT WAS CONTINUED THROUGH THE SIX YEARS 1930-1935, SO THAT IN 1931, 1932 AND 1933, NEWARK RECEIVED HONORABLE MENTION IN THE SAME COMPETITION. AGAIN IN 1934, NEWARK WAS ABLE TO OBTAIN FIRST HONORS AND A BRONZE PLAQUE AMONG THE CITIES OF THE SAME POPULATION RANGE. IN 1935, FIRST CLASS HONORS WERE AGAIN WON AND A SPECIAL AWARD GIVEN TO THE CITY OF NEWARK. THE CONTINUOUS AWARDS TO THE CITY FOR HEALTH EFFICIENCY IS AN INDICATION OF THE HIGH STANDARD OF WORK CARRIED ON BY THE VARIOUS DIVISIONS MAKING UP OUR DEPARTMENT. THE EFFICIENT ORGANIZATION OF THE DEPARTMENT IS REFLECTED IN THE LOW DEATH RATES FROM CAUSES WHICH ARE TRULY PREVENTABLE AS FAR AS DEPARTMENT MEASURES CAN GO.

HEALTH EXPOSITION

AS DEVOTED TO HEALTH PROPAGANDA, AND A NUMBER OF HEALTH CONTESTS WERE STAGED. DURING THE WEEK 100,000 PERSONS ATTENDED THE EXPOSITION, VIEWING THE DIFFERENT HEALTH EXHIBITS; MANY OF WHICH WERE ELABORATE AND COSTLY. THE GENERAL EFFECT OF THE EXPOSITION WAS A STIMULATION OF PUBLIC INTEREST IN HEALTH PROJECTS AND APPRECIATION OF THE WORK THE HEALTH DEPARTMENT IS TRYING TO ACCOMPLISH.

HEALTH SURVEYS IN 1934C. W. A. SURVEYS

ADMINISTRATION AUTHORIZED A CITY SURVEY ON HEALTH, SPONSORED BY THE HEALTH DEPARTMENT. THE PROJECTS INCLUDED A HOUSING SURVEY, A CHILD HEALTH SURVEY, A DOMESTIC SERVANT SURVEY, A FOOD BUSINESS SURVEY, A VENEREAL DISEASE DELINQUENT SURVEY AND A TUBERCULOSIS SURVEY FOR UNREPORTED CASES. THERE WERE 468 INVESTIGATORS, MANY OF WHOM WERE TRAINED NURSES AND SOCIAL SERVICE WORKERS AS WELL AS SCHOOL TEACHERS AND OTHERS WHO WERE PROFESSIONALLY TRAINED. THE PERIOD OF TIME COVERED BY THE SURVEY, WAS FROM JANUARY TO APRIL 1934.

IN 1934 FOR THE PURPOSE OF RELIEVING UNEMPLOYMENT THE FEDERAL GOVERNMENT THROUGH THE CIVIL WORKS

IT WAS DUE TO THE INTELLIGENT COOPERATION OF THESE WORKERS THAT WE WERE ABLE TO TABULATE AND CLASSIFY THE MASS OF FIGURES AND TO CLARIFY SOME OF THE INFORMATION OBTAINED. OUT OF UNEMPLOYMENT AND DEPRESSION, THE HEALTH DEPARTMENT HAS BEEN ABLE TO OBTAIN INFORMATION WHICH WILL BE VALUABLE IN FURTHER IMPROVING LIVING CONDITIONS THROUGHOUT THE CITY.

HOUSEHOLD SURVEY

THE SURVEY WAS DIRECTED TO DETERMINE THE CHARACTER AND CONDITION OF DWELLING AND BUSINESS PREMISES THROUGHOUT THE CITY. SPECIAL ATTENTION WAS DIRECTED TO OVERCROWDING, SANITATION AND PLUMBING. A RECORD WAS MADE OF SLEEPING ACCOMMODATIONS IN THE FAMILY, THE NUMBER OF ADULTS AND CHILDREN UNDER TWELVE YEARS. THE NUMBER OF FAMILIES SURVEYED NUMBERED 105,391, APPROXIMATELY THE SAME FIGURE AS FOUND IN THE GOVERNMENT CENSUS OF 1930. THESE FAMILIES CONSISTED OF 415,559 INDIVIDUALS, AN AVERAGE OF 3.94 PERSONS PER FAMILY. CHILDREN UNDER TWELVE YEARS NUMBERED 84,187.

OVERCROWDING

OVERCROWDING WAS DETERMINED BY THE NUMBER OF PERSONS OCCUPYING THE SLEEPING ROOMS OF EACH HOUSE. PROCEEDING ALONG THESE LINES, IT WAS SHOWN THAT THE POPULATION OF 415,559 HAD 241,465 SLEEPING ROOMS. THIS MADE AN EXCELLENT AVERAGE OF 1.7 PERSONS PER BEDROOM, AND WAS TAKEN AS THE STANDARD FOR THE CITY. ANY NUMBER ABOVE THIS INDICATED DEGREES OF OVERCROWDING.

TO DETERMINE THE ACTUAL POSSIBLE OVERCROWDING, THE FOLLOWING "SET-UP" WAS USED AS THE METHOD OF CALCULATION:

4 OR MORE PERSONS IN ONE SLEEPING ROOM					
6	"	"	"	TWO	" ROOMS
9	"	"	"	THREE	" "
12	"	"	"	FOUR	" "

BY THIS STANDARD IT WAS FOUND THAT 8,558 FAMILIES, OR 8.2% WERE OVERCROWDED, AND 57,636 INDIVIDUALS, OR 13.9% WERE LIVING IN OVERCROWDED CONDITIONS.

BUSINESS IN THE HOME

THE SURVEY REVEALED A VARIETY OF OCCUPATIONS AND BUSINESS CARRIED ON IN THE HOME. THE MAKING OF CANDY AND FOOD WAS HIGHEST, 733 RECORDED; BEAUTY PARLORS APPARENTLY POPULAR IN THE HOME, TOTALLED 382. HOME WORK FROM FACTORIES WAS RECORDED IN 189 HOMES. BEER AND LIQUOR AND SOFT DRINKS BUSINESSES IN HOMES AMOUNTED TO 228. THE SURVEY WAS IMPORTANT IN CORRECTING BAD CONDITIONS IN THE HOMES WHERE CERTAIN TYPES OF FOOD SUCH AS ICE CREAM, CANDY, MACARONI AND SOFT DRINKS BEING MANUFACTURED.

CHILD HEALTH SURVEY

THE CHILD HEALTH SURVEY FURNISHED FOR THE FIRST TIME A COMPLETE HISTORY OF THE PRE-SCHOOL POPULATION OF NEWARK, ESPECIALLY THE EXTENT OF DIPHTHERIA AND VACCINATION PROTECTION, AS WELL AS FREQUENCY OF ATTENDANCE AT THE OFFICES OF FAMILY PHYSICIANS AND DENTISTS. THERE WAS ACCUMULATED A VAST RECORD OF ALL CHILDREN IN THE CITY, WHICH HAS PROVED TO BE OF INESTIMABLE VALUE IN FOLLOW-UP WORK BY THE CHILD HYGIENE AND CONTAGIOUS DISEASE DIVISIONS OF THE DEPARTMENT. THE FOLLOWING RECORD OF THE CHILD POPULATION WAS OBTAINED:

	PERCENTAGE
FAMILIES WITH CHILDREN UNDER SIX -(% OF FAMILIES)-	26,307 - 25%
CHILDREN UNDER SIX YEARS - -(% OF TOTAL-POPULATION)-	37,345 - 9%
PRE-SCHOOL CHILDREN IMMUNIZED AGAINST DIPHTHERIA	18,077 - 48.4%
PRE-SCHOOL CHILDREN VACCINATED AGAINST SMALLPOX	14,908 - 40%
FAMILIES TAKING YOUNGEST CHILD TO DOCTOR FOR HEALTH EXAMINATION	17,512 - 65%
FAMILIES TAKING YOUNGEST CHILD TO DENTIST FOR EXAMINATION	2,171 - 8.3%

THE FOLLOWING TABLE SHOWS THE NUMBER OF CHILDREN UNDER 6 YEARS OF AGE IMMUNIZED AGAINST DIPHTHERIA BY AGE GROUPS:

PERCENTAGE OF IMMUNIZED CHILDREN UNDER SIX BY AGE GROUPS	
AGES	PERCENTAGE IMMUNIZED
UNDER 1 YEAR	6.3%
OVER 1 AND UNDER 2 YEARS	41.0%
" 2 " " 3 "	50.7%
" 3 " " 4 "	54.6%
" 4 " " 5 "	56.4%
" 5 " " 6 "	70.5%
ALL CHILDREN UNDER 6 YEARS	46.4%

VACCINATION AGAINST SMALLPOX

THE SURVEY SHOWED AMONG 37,345 CHILDREN UNDER SIX YEARS OF AGE, 14,908 OR 40% HAD BEEN VACCINATED AGAINST SMALLPOX.

AGES	PERCENTAGE VACCINATED
UNDER 1 YEAR - - - - -	2.5%
OVER 1 AND UNDER 2 YEARS - - - - -	17.6
" 2 " " 3 " - - - - -	29.1
" 3 " " 4 " - - - - -	44.8
" 4 " " 5 " - - - - -	56.8
" 5 " " 6 " - - - - -	75.1
ALL CHILDREN UNDER 6 YEARS - - - - -	40.0

ROUTINE MEDICAL EXAMINATION OF CHILDREN UNDER SIX YEARS

THE FOLLOWING TABLE GIVES THE NUMBER AND AGES OF CHILDREN RECEIVING ROUTINE MEDICAL EXAMINATION

AGE	NUMBER	PERCENTAGE
UNDER 1 YEAR - - - - -	3,955	22.5%
OVER 1 AND UNDER 2 YEARS - - - - -	3,489	19.9
" 2 " " 3 " - - - - -	3,105	17.7
" 3 " " 4 " - - - - -	2,625	15.0
" 4 " " 5 " - - - - -	2,245	13.0
" 5 " " 6 " - - - - -	2,099	11.9

RELATIVE FREQUENCY OF THE VISITS TO THE DOCTOR'S OFFICE

TAKEN TO DOCTOR EVERY MONTH - - - - -	16.3%
TAKEN TO DOCTOR EVERY 2 MONTHS - - - - -	.5%
TAKEN TO DOCTOR - NO DEFINITE TIME - - - - -	82.2%

DENTAL RECORD OF PRE-SCHOOL CHILDREN

ONLY 2,177 FAMILIES OR 8.2% OF THE TOTAL STATED, THAT PREVENTIVE DENTAL WORK WAS CARRIED OUT IN THE FAMILIES AS COMPARED WITH 64.5% OF FAMILIES CARRYING OUT ROUTINE MEDICAL EXAMINATION OF THE YOUNGEST CHILD. THE NUMBER AT EACH AGE PERIOD RECEIVING DENTAL CARE IS SHOWN BELOW:

AGE	NUMBER	PERCENTAGE
YEAR	61	2.7%
2 YEARS	192	8.8
3 "	405	17.4
4 "	619	26.6
5 "	1047	44.5

SURVEY OF DOMESTIC SERVANTS

THIS PROJECT WAS INTENDED TO SECURE THE REGISTRATION OF ALL DOMESTIC EMPLOYEES IN THE CITY, AND TO SECURE THEIR MEDICAL EXAMINATION, TO SHOW THEM FREEDOM FROM CONTAGIOUS DISEASES, IN ACCORDANCE WITH THE CITY ORDINANCE PASSED IN SEPTEMBER, 1930.

THE NUMBER OF DOMESTICS EMPLOYED IN NEWARK ACCORDING TO THE U. S. CENSUS FOR 1930 WAS, MALES - 3,864, FEMALES - 9,674, TOTAL 13,538. A HOUSE TO HOUSE CENSUS OF THE CITY SHOWED THE FOLLOWING:

NUMBER OF DOMESTICS FOUND - - - - -	17,032
NUMBER OF DOMESTICS REGISTERED - - - - -	12,165
NUMBER OF DOMESTICS LICENSED AS RESULT OF SURVEY	5,442

FEMALE INVESTIGATORS WERE USED EXCLUSIVELY ON THIS SURVEY AS IT WAS DEEMED MORE SUITABLE FOR APPROACH TO HOUSEWIVES. OBSTACLES OF VARIOUS KINDS WERE PLACED IN THE WAY OF THE INVESTIGATION. HEADS OF HOUSEHOLDS WERE OPPOSED TO THE EXAMINATION OF DOMESTICS UNTIL INFORMED OF THE VALUE OF THE PROCEDURE AND THE RESULTS OBTAINED. SOME OF THE DOMESTICS ASKED INVESTIGATORS HOW THEY WERE TO KNOW IF THE FAMILY THEY WORKED FOR WAS HEALTHY AND DID NOT THINK IT FAR FOR THE DOMESTIC TO HAVE A CARD AND THE

EMPLOYER NOT. MANY OF THE PLACES WHERE DOMESTICS WERE EMPLOYED WERE REPORTED AS BEING FILTHY AND UNHEALTHY. NEEDLESS TO SAY, THESE WERE REQUIRED TO BE IMPROVED BEFORE A DOMESTIC WAS LICENSED TO WORK.

GENERAL FACT SURVEY

THIS PROJECT WAS TO FOLLOW UP KNOWN CASES OF VENEREAL DISEASE, TO PERFORM EXAMINATION OF CONJUGAL AND TO VERIFY ADDRESSES GIVEN AT THE CLINICS. AS A RESULT OF 5,152 VISITS MADE TO THE HOMES OF PATIENTS, IT WAS FOUND THAT 50% HAD GIVEN FIFTY ONE NAMES OR ADDRESSES AND 47% WERE FOUND TO BE LEAVING OUT OF TOWN. AMONG THE NUMBER OF PATIENTS LOCATED, NEARLY HALF OF THOSE CLAIMING TO BE SINGLE, WERE FOUND TO BE MARRIED, DIVORCED OR SEPARATED. IN MOST INSTANCES, THERE WERE WIVES, HUSBANDS OR CHILDREN WHO HAD BEEN IN CONTACT WITH THE ORIGINAL CASE.

AS A RESULT, THOSE BLOOD RELATIVES HERETOFORE UNKNOWN TO THE DEPARTMENT WERE BROUGHT IN FOR EXAMINATION, AND WHERE DISEASE WAS PRESENT, PLACED UNDER MEDICAL TREATMENT. INCIDENTALLY, MANY CHILDREN FROM 2 TO 6 YEARS WERE FOUND INFECTED WITH GONORRHEA.

GERMANS - ONLY

THE OBJECTS OF THIS SURVEY WERE SIMILAR TO THOSE MENTIONED FOR VENEREAL DISEASE, NEARLY 6,000 OLD CASES AND CONTACTS TO SECURE THE MEDICAL OR SANATORIUM CARE OF ALL THOSE SUSPECTED OF BEING INFECTED WITH TUBERCULOSIS. APPROXIMATELY 7,442 VISITS WERE MADE TO THE HOMES AND 30,000 PERSONS INTERVIEWED. A NUMBER OF NEW CASES WERE FOUND AND PLACED UNDER MEDICAL CARE. THESE LEFT TRACK OF BY THE DEPARTMENT, THROUGH INDIVIDUAL, WERE LOCATED AND RETURNED TO THE ACTIVE FIELD OF THE TUBERCULOSIS DIVISION.

IN CONNECTION WITH THE SURVEY, NEARLY 1,000 CHILDREN WHO HAD BEEN IN CONTACT WITH ACTIVE CASES OF TUBERCULOSIS, WERE REFERRED TO THE CLINIC FOR TESTING AND EXAMINATION. THE SURVEY WAS PARTICULARLY IMPORTANT FOR THE AREAS OF THE CITY THAT HOUSED THE COLORED POPULATION. OF COLOR WITH 3,400,000 CLASSES, THE INVESTIGATING FORCE INCLUDED NINE COLORED NURSES. THE FOLLOWING TABLE RECORDS SOME OF THE CONDITIONS FOUND:

4,931 FAMILIES REPORTED NO ILLNESS

88	"	"	HEART DISEASE
55	"	"	PRE-NATAL CARE
1,408	"	"	RHEUMATISM, DIABETES, ARTHRITIS, & NERVOUS DISEASE
117	"	"	REFUSED TO BE INTERVIEWED
134	"	"	IN POVERTY, NEEDING RELIEF
729	"	"	COUGHS AND COLDS
67	"	"	ASTHMA
36	"	"	POSITIVE TUBERCULOSIS

IN THE MAJORITY OF CASES OF SICKNESS FOUND, PHYSICIANS WERE IN ATTENDANCE. EVERY PERSON FOUND SUFFERING WITH A COUGH OR COLD AND WHO COULD NOT AFFORD A PRIVATE PHYSICIAN, WAS REFERRED TO THE CHEST CLINIC AT THE HEALTH DEPARTMENT.

CONTACTING A BIRTH CHILDREN

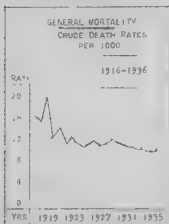
ONLY

THE PURPOSE OF THIS SURVEY WAS TO PLACE IN THE HANDS OF THE HEALTH DEPARTMENT A COMPLETE LIST OF THE NAMES AND ADDRESSES OF ALL CHILDREN IN THE CITY WHO WERE NOT IMMUNIZED AGAINST DIPHTHERIA AT THE TIME OF THE INVESTIGATION. THE SAME INVESTIGATORS WERE LATER SENT OUT INTO THE FIELD TO CONTACT THE PARENTS TO OBTAIN CONSENTS TO IMMUNIZATION, EITHER BY THE PRIVATE PHYSICIAN OR AT THE VARIOUS BABY KEEP WELL STATIONS OF THE DEPARTMENT. THE FOLLOWING TABLE GIVES THE RESULTS OBTAINED FOR THIS PROJECT:

FAMILIES CONTACTED	5,830
DOUBTFUL	379
REFUSALS	641
CONSENTS GIVEN	3,795
INCORRECT ADDRESSES	391

THE RESULTS OF THIS "FOLLOW-UP" INDICATED CONSIDERABLE SUCCESS IN SECURING THE AREA OF DIPHTHERIA PROTECTION TO THE AVERAGE PARENT. NEARLY 45% OF THE VISITS OBTAINED CONSENTS TO IMMUNIZATION.

GENERAL MORTALITY IN NEWARK



NEVER BEFORE IN THE HISTORY OF THIS CITY, HAVE WE HAD RECORDED SUCH A SERIES OF LOW GENERAL MORTALITY RATES AS DURING THE 12 YEARS 1930 TO 1935. IT MUST NOT BE FORGOTTEN THAT THE "VERY YEAR" OF DEPRESSION, DURING WHICH UNEMPLOYMENT WAS WIDESPREAD AND FAMILIES HARD PUT TO MAINTAIN THE STANDARD OF LIVING TO WHICH THEY WERE ACCUSTOMED IN YEARS OF PLENTY. APPARENTLY ADJUSTMENTS WERE MADE IN THE FAMILY BUDGETS, SO THAT HEALTH SUSTAINING FOODS WERE NOT SACRIFICED FOR LESS IMPORTANT NEEDS. APPARENTLY THERE WERE NO ILL-EFFECTS RESULTING FROM THE REPEAL OF PROHIBITION IN DECEMBER 1933, A COMPLIMENT TO THE GOOD NUTRIMENTARY HABITS OF THE INDIVIDUAL CITIZEN OF THE CITY. IT HAS BEEN SAID THAT WE MUST LOOK SEVERAL YEARS TO SHOW THE RESULTS OF LACK OF FOOD DURING THE DEPRESSION IN THE PHYSICAL STRUCTURE OF OUR CHILDREN. THAT MAY WELL BE SO, BUT OUR PRESENT OBSERVATIONS SHOW A REMARKABLE ABSENCE OF ANY DISEASE OR NUTRITIONAL DEFICIENCY WHICH CAN BE PLACED AT THE DOOR OF UNEMPLOYMENT AND A CURTAILED FAMILY BUDGET.

THE FOLLOWING TABLE SHOWS THE CRUDE GENERAL MORTALITY RATES FOR THE SIX YEARS 1930-1935. (INCLUDES NON-RESIDENT DEATHS IN NEWARK BUT NOT DEATH OF NEWARK RESIDENTS DYING ELSEWHERE.)

YEAR	POPULATION	DEATHS	DEATH RATE
1930	440,000	5229	11.88
31	445,000	5073	11.40
32	450,000	4682	10.40
33	452,000	4990	10.91
34	454,000	4764	10.49
35	455,000	4996	10.96

ESTIMATED POPULATIONS

THE POPULATION OF THE CITY OF NEWARK AS ESTABLISHED BY THE CENSUS OF 1930 WAS SLIGHTLY IN EXCESS OF 440,000. THIS WAS CONSIDERABLY LESS THAN THE ESTIMATED FIGURE WHICH INDICATED A PROBABLE POPULATION FOR THE CITY OF 500,000. A DISCREPANCY BETWEEN THE ACTUAL AND ESTIMATED POPULATION CAUSED AN APPARENT INCREASE IN OUR CRUDE MORTALITY RATE, AND OUR RATE FOR SPECIAL CAUSES. THE RESULT IS THAT WE HAD THE ANOMALY OF THE YEAR 1930 WITH LESS DEATHS THAN THE PRECEDING ONE OF 1929, AND YET WITH A HIGHER CRUDE MORTALITY RATE. IT IS APPARENT THEREFORE THAT THE ARITHMETICAL METHOD OF ARRIVING AT ESTIMATED CITY POPULATION FOR THE INTERCENSAL YEARS, IS NOT APPROPRIATE TO CITIES WHOSE POPULATION INCREASES HAVE BEEN ACCELERATED, AS THE RESULTS OF DECREASED IMMIGRATION, OR THE INCREASING TENDENCY OF OUR PEOPLE TO MAKE THEIR HOMES IN THE SUBURBS. CERTAINLY IT IS, THAT THE CITY INDUSTRIES ARE BEING CONTINUOUSLY EXPANDED, YEAR BY YEAR AND MORE WORKERS MUST HAVE BEEN EMPLOYED TO MEET THEIR NEEDS.

DURING THE PRESENT DECADE, WE ARE USING AS A GUIDE IN OUR POPULATION INCREASE THE SAME AMOUNT OF GROWTH AS THAT SHOWN BY THE CENSUS REPORTS FOR 1920 AND 1930, OR APPROXIMATELY 28,000 FOR THE TEN YEARS. IT IS NOT BELIEVED THAT THIS METHOD WILL SHOW THE GREAT DIFFERENCE OF OVER-ESTIMATION SHOWN IN THE PREVIOUS TWO CENSUS TEN-YEAR PERIODS. THE INCREASE BETWEEN 1900 AND 1910 WAS 30,000. WE USED THIS FOR THE FOLLOWING PERIOD AND AS A RESULT WERE ALMOST 10,000 HIGH WHEN THE 1920 CENSUS SHOWED WE HAD GAINED ONLY 67,000. BECAUSE THIS INCREASE FAILED TO CONTINUE SO THAT IN 1930, WE WERE ESTIMATING ABOUT 40,000 TOO HIGH AT THE CENSUS SHOWED A GAIN OF ONLY 28,000. FROM THIS IT MIGHT BE ARGUED THAT WE WOULD GAIN A LITTLE OR NOTHING IN THE PRESENT TEN YEAR PERIOD. THIS IS NOT EXPECTED HOWEVER, AS WE BELIEVE THE LAST CENSUS MISSED GREAT NUMBERS, ESPECIALLY IN THE CONGESTED AND COLORED SECTIONS. IT IS ALSO FELT THAT ADDITIONAL HOUSING PROVIDED IN CERTAIN SECTIONS, TOGETHER WITH A CONTINUED FAIRLY HIGH BIRTH RATE AMONG THE COLORED AND CONGESTED AREAS, WHERE THERE IS LITTLE MIGRATION TO THE SUBURBS, WILL INSURE OUR REACHING AT LEAST 470,000 BY 1940. WE NATURALLY USE ROUND NUMBERS IN THESE ANNUAL ESTIMATIONS.

GENERAL DEATH RATE GRADUALLY DIMINISHED IN 25 YEARS

THE GENERAL MORTALITY RATE FOR THE CITY HAS EXPERIENCED A FAVORABLE RESULT SINCE IN 25 YEARS, IN 1913 THE RATE WAS 15.16 PER 1,000 AS COMPARED WITH A

RATE OF 0.6 FOR 1935. SOME ESTIMATE OF THE SAVING IN LIFE AS SHOWN BY THESE FIGURES IS INDICATED IF THE DEATH RATE FOR 1911 BE APPLIED TO THE POPULATION OF 1935, THERE WOULD HAVE BEEN APPROXIMATELY 2,147 MORE DEATHS THAN ACTUALLY OBTAINED LAST YEAR. THE FOLLOWING TABLE SHOWS THE FALL IN MORTALITY IN THIS PERIOD.

YEAR	POPULATION	NO. OF DEATHS	DEATH RATE
1911	352,000	5,337	15.16
1912	370,000	5,423	14.65
1913	380,000	5,562	14.63
1914	395,000	5,809	14.70
1915	375,000	5,382	14.30
1916	385,000	6,357	16.50
1917	405,000	6,205	15.30
1918	430,000	8,483	19.72
1919	440,000	5,534	12.57
1920	414,216	5,551	13.40
1921	425,000	4,774	11.24
1922	432,000	5,209	12.06
1923	439,000	5,221	11.67
1924	446,000	5,004	11.22
1925	453,000	5,310	11.67
1926	460,000	5,450	11.85
1927	467,000	5,086	10.90
1928	471,000	5,512	11.63
1929	480,000	5,632	11.74
1930	440,000	5,229	11.88
1931	445,000	5,073	11.40
1932	450,000	4,682	10.40
1933	452,000	4,930	10.91
1934	454,000	4,764	10.49
1935	455,000	4,996	10.56

ADJUSTED DEATH RATE

THE ADJUSTED DEATH RATE GIVES A FAIRER PICTURE OF THE GENERAL MORTALITY OF THE CITY THAN THE CRUDE

RATE, INASMUCH AS IT EXCLUDES FROM THE CALCULATION THOSE NON-RESIDENTS WHO DIED IN THE CITY DURING THE YEAR AND INCLUDES IN THE MORTALITY ALL RESIDENTS OF NEWARK WHO HAD DIED OUTSIDE THE CITY, NO MATTER WHERE THIS MAY HAVE OCCURRED. EXCLUDING THE NON-RESIDENTS AND INCLUDING THE RESIDENTS WHO DIED ELSEWHERE DURING THE SIX YEARS 1930-1935 WE HAVE THE FOLLOWING ADJUSTED DEATH RATES:

	1930	1931	1932	1933	1934	1935
MORTALITY RATE (ADJUSTED)	10.98	10.47	9.70	9.34	9.69	9.69



REDUCED MORTALITY FROM SPECIAL CAUSES

DECREASE OF MORTALITY WAS REGISTERED DURING 1930-1935, IN RELATIVE A NUMBER OF SPECIAL CAUSES. THESE WERE PARTICULARLY EPIDEMIC DISEASES, FORMERLY SO WIDESPREAD AND DESTRUCTIVE OF HUMAN LIFE.

IF WE ARE TO BELIEVE THE HISTORICAL RECORDS OF DISEASE IT IS EVIDENT THAT WE HAVE NOT ONLY DIMINISHED SEVERITY OF THE VARIOUS EPIDEMIC CONTAGIONS BUT ALSO CHANGED IN THEIR SEASONAL VISITATIONS, AND IN THE AGE PERIOD OF THE SUSCEPTIBLE INDIVIDUAL.

CASE FATALITY DIMINISHED

IN THE CASE OF SCARLET FEVER AND MEASLES, THE TENDENCY IS APPARENT TO A GREATLY DIMINISHED MORTALITY AMONG THOSE ATTACKED, SO THAT THE CASE FATALITY IN RECENT YEARS HAS BEEN HIGHLY GRATIFYING.

	<u>MEASLES</u> (6 YEAR TOTALS)			<u>SCARLET FEVER</u> (6 YEAR TOTALS)		
	1930-35	1924-29	1918-23	1930-35	1924-29	1918-23
TOTAL CASES	22,530	19,250	25,103	5,328	6,169	6,278
" DEATHS	48	144	277	22	42	121
CASE FATAL RATE	2.1	7.5	11.1	4.1	6.8	19.3

SOME DISEASES HAVE COMPLETELY DISAPPEARED FROM OUR MORTALITY LISTS AS CAUSES OF DEATH, SUCH AS SMALLPOX, PALAR A, INTER TANT AND CLAPPING FEVER, KHEUS FEVER AND DYSENTERY. THE ORONTAL PLAGUE, CHOLERA, RUSSIA FEVER AND LEPROSY ONLY APPEAR AS IMPORTED CASES FROM TIME TO TIME.

MORE ATTENTION IS BEING GIVEN TO THE THEORY OF IMMUNITY, INDICATING THE POSSIBILITY OF A CONTINUALLY INCREASING RESISTANCE TO THE VIRUS OF SOME DISEASES. THIS WOULD EXPLAIN THE CONTINUED EXISTENCE AND DECREASING MORTALITY FROM DOMESTIC ENDEMIC INFECTIONS SUCH AS MEASLES, SCARLET, MUMPS, WHOOPING COUGH, ETC., AGAINST WHICH WE HAVE NOT AS YET ESTABLISHED A SUFFICIENT IMMUNITY TO COMPLETELY WARD OFF INFECTION. THE POWER OF THE INFECTING AGENT TO PRODUCE FATAL RESULTS, ALTHOUGH DIMINISHING, HAS SO FAR RESISTED OUR BEST EFFORTS AT ERADICATION.

SUSCEPTIBILITY HIGH IN CHILDHOOD

SUSCEPTIBILITY TO PERSISTENT ENDEMIC DISEASE BEING APPARENTLY HIGH, THERE CAN BE LITTLE DOUBT THAT THE OPPORTUNITIES FOR EXPOSURE TO INFECTION ARE LEGION IN A MODERN COMMUNITY. THERE CAN BE ONLY A FEW PERSONS WHO ARE HEREDITARILY IMMUNE, FOR THE VAST MAJORITY OF ADULTS AT THE PRESENT TIME ARE TO HAVE PASSED THROUGH THE ORDEAL OF ONE OR ALL OF THE EPIDEMIC DISEASES OF CHILDHOOD.

NATURAL SUSCEPTIBILITY TO DIPHTHERIA AND SCARLET FEVER CAN BE ASCERTAINED BY VARIOUS SKIN TESTS, BUT THE EXISTENCE OF SUSCEPTIBILITY OR IMMUNITY TO THE OTHERS IS USUALLY ONLY DEMONSTRATED BY THE ONSET OF DISEASE SYMPTOMS.



REDUCED MORTALITY FROM EPIDEMIC DISEASES

THE FOLLOWING TABLE SHOWS THE REDUCTION IN THE MORTALITY FROM CERTAIN EPIDEMIC DISEASES IN THE SIX YEARS 1930-1935.

CAUSES	MORTALITY PER 100,000 POPULATION					
	1930	1931	1932	1933	1934	1935
MEASLES	4.3	0.2	0.4	3.8	0.2	2.4
SCARLET FEVER	0.7	2.0	0.7	0.9	0.4	0.2
DIPHTHERIA	10.7	3.7	0.4	0.2	0.2	0.2
WHOOPING COUGH	2.3	4.7	2.2	1.8	1.3	4.8

THIS LOW MORTALITY DUE TO THE EPIDEMIC DISEASES IN CHILDHOOD IS REMARKABLE AS THE MAJOR EXPERIENCE IN THESE DEPRESSION YEARS. THIS INDICATES A FACTOR OF INCREASED RESISTANCE AMONG CHILDREN WHICH IT WILL BE DIFFICULT TO EXPLAIN OTHER THAN A BETTER NUTRITION AND A BUILDING UP OF BODY STRUCTURE DUE TO SUCH THINGS AS THE FREE DISTRIBUTION OF FOOD EVER DURING THE WINTER MONTHS FROM NOVEMBER TO JANUARY OF EACH YEAR.

RATIO OF DEATHS UNDER SPECIFIC MEASURES

AS NEW MEDICAL AND SCIENTIFIC FACTS ARE USED TO ASSIST IN COMBATING MORTALITY FROM VARIOUS CAUSES, THERE NATURALLY OCCURS A RE-GROUPING FROM YEAR TO YEAR OF THE RELATIONSHIP OF THESE TO THE GENERAL MORTALITY. IT IS CONSTRUCTIVE TO COMPARE THIS GROUPING TO CHECK UP UPON THE VALUE OF PREVENTIVE MEASURES IN EACH CASE.

THE FOLLOWING TABLE GIVES THESE RATIO CHANGES FOR THE FIVE YEAR PERIOD

1930-1934 AS COMPARED WITH THE YEAR 1935 IN SOME OF THE MORE IMPORTANT CAUSES OF DEATH.

CAUSE OF DEATH	TOTAL	PERCENTAGE TO	PERCENTAGE TO
	1935	TOTAL DEATHS	TOTAL DEATHS
	DEATHS	1935	1930 - 1934
ORGANIC HEART DISEASE - - -	1118	22.38	20.52
CANCER - - - - -	533	10.68	9.92
LOBAR PNEUMONIA - - - - -	241	4.82	4.95
BRIGHTS DISEASE - - - - -	201	4.02	4.51
APOPLEXY - - - - -	304	6.09	6.27
TUBERCULOSIS OF LUNGS - - -	283	5.66	6.52
DIPHTHERIA - - - - -	1	0.02	0.20
SCARLET FEVER - - - - -	1	0.02	0.06
EASLES - - - - -	11	0.22	0.22
WHOOPING COUGH - - - - -	22	0.44	0.16
TYPHOID FEVER - - - - -	0	.0	0.04
INFANTILE PARALYSIS - - - -	4	0.08	0.02
INFLUENZA - - - - -	14	0.28	0.55
EPIDEMIC MENINGITIS - - - -	3	0.06	0.11

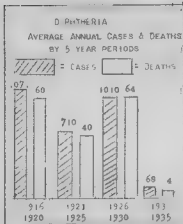
THE EXTREMELY LOW RATIO PROPORTION OF THE MORTALITY FROM EPIDEMIC DISEASES FOR THE PERIOD OF SIX YEARS IS INDICATED ABOVE. THE LARGEST PROPORTION OF THE DEATHS AS COMPARED WITH THE TOTAL DEATHS WAS RECORDED FOR ORGANIC HEART DISEASE FOLLOWED BY THESE DEATHS DUE TO CANCER AND APOPLEXY. THE DEATHS FROM TUBERCULOSIS OF THE LUNGS, NOT SO MANY YEARS AGO, THE MOST FREQUENT CAUSE OF DEATH, HAVE RECEDED TO FOURTH PLACE WITH A PERCENTAGE OF 5.66 FOR 1935.

MARKED DECREASE IN MORTALITY

NEVER IN THE HISTORY OF THE CITY HAVE WE BEEN ABLE TO RECORD SO MARKED A DECREASE IN THE DEATHS FROM ALL CAUSES. THIS INCLUDES NOT ONLY THOSE DUE TO EPIDEMIC DISEASES, BUT ALSO IN THE DEATHS FROM A VARIETY OF CONSTITUTIONAL DEFECTS. THE FOLLOWING TABLE SHOWS THIS DECREASE IN THE NUMBER OF DEATHS AS COMPARED WITH THE NORMAL FOR A PERIOD OF ELEVEN PREVIOUS YEARS.

NORMAL - ELEVEN PREVIOUS YEARS	CAUSE OF DEATH	1930	1931	1932	1933	1934	1935
15	EASLES	19	1	2	17	1	8
8	SCARLET FEVER	3	9	3	4	2	1
47	DIPHTHERIA	47	16	2	1	1	1
24	WHOOPING COUGH	10	21	10	8	6	22
4	INFANTILE PARALYSIS	1	10	0	2	0	4
14	EPIDEMIC MENINGITIS	16	10	4	3	2	3
8	TYPHOID FEVER	1	2	4	2	1	0
584	PNEUMONIA (ALL FORMS)	451	499	395	423	360	382
57	INFLUENZA	14	27	34	33	25	14
353	APOPLEXY	308	305	324	304	357	304
343	BRIGHTS DISEASE	244	224	242	228	227	201
38	CIRRHOSIS OF LIVER	44	54	45	27	34	49
358	CONGENITAL DEBILITY	283	275	232	195	222	264
334	ACCIDENTS	375	318	277	315	294	277
421	TUBERCULOSIS (ALL FORMS)	445	410	360	388	316	316
132	DIARRHOEA (UNDER 5)	45	36	16	18	23	24
66	PUERPERAL MORTALITY	60	33	37	27	39	34

OUTSTANDING DECREASE IN DIPHTHERIA



PNEUMONIA FATALITIES GREATLY REDUCED

NORMAL OF THE PREVIOUS ELEVEN YEARS WAS 584. THE REDUCTION IN MORTALITY FROM PNEUMONIA IS ALL THE MORE REMARKABLE INASMUCH AS MEASLES WAS WIDELY PREVALENT IN THE CITY IN 1930, 1933 AND 1935, A DISEASE WHICH IS WELL KNOWN TO INCREASE THE DEATHS DUE TO BRONCHO PNEUMONIA.

LIKE OTHER RESPIRATORY INFECTIONS, PNEUMONIA IS ONE OF THE PROBLEMS IN PREVENTION STILL AWAITING SOLUTION. IN SPITE OF EVIDENCE TO THE CONTRARY, PNEUMONIA IS NOT READILY COMMUNICABLE TO OTHER MEMBERS IN THE SAME FAMILY.

THERE MUST BE IN THE GREATER NUMBER OF CASES A PRECEDING MILD RESPIRATORY INFECTION BY SOME OTHER ORGANISM SUFFICIENTLY STRONG TO LOWER BODILY RESISTANCE AND THUS ENSURE THE ONSET OF PNEUMONIAL INFECTION. IN MOST INFECTIONS, THERE IS CONSIDERABLE REASON TO SUPPOSE NATURE ITSELF HAS TAKEN A HAND IN REDUCING THE TOLL OF MORTALITY BY RAISING THE INDIVIDUAL IMMUNITY. IN THE CASE OF PNEUMONIA, HOWEVER, EVIDENCE OF THIS KIND IS NOT VERY CONCLUSIVE.

QUARANTINE AND ISOLATION OF PNEUMONIA CASES HAS NOT GENERALLY BEEN ADOPTED BY HEALTH DEPARTMENTS EXCEPT IN THE CASE OF PITTSBURGH, PA. ONE MEASURE OF SUCCESS WAS REPORTED IN PITTSBURGH AS A RESULT OF THE PROCEDURE. HOWEVER, AS THIS QUARANTINE WAS CARRIED ON HAND IN HAND WITH AN ACTIVE SMOKE ABATEMENT CAMPAIGN, IT WOULD BE DIFFICULT TO ASSIGN TO EITHER A PROPER MEASURE OF CREDIT FOR THE RESULTS OBTAINED.

FURTHER STEPS IN REDUCING PNEUMONIA MORTALITY HAVE BEEN MADE POSSIBLE BY THE USE OF A CONCENTRATED ANTI-PNEUMONIA SERUM. IN NEWARK, IT HAS BEEN FOUND HELPFUL IN THE CASES OF INFECTION DUE TO TYPES 1 AND 2 OF THE PNEUMOCOCCUS. THE ANTI-TOXIC SERUM MUST HOWEVER BE GIVEN EARLY IN THE CASE AND IN LARGE DOSES INTRAVENOUSLY.

APOPLEXY DEATHS LESS COMMON

APOPLEXY DEATHS FOR THE SIX YEARS 1930-1935 PRESENT A VERY UNUSUAL DECREASE IN NUMBER. THE AVERAGE ANNUAL FATALITY NUMBERED 37 AS COMPARED WITH THE NORMAL OF ELEVEN YEARS, 1923. APOPLEXY WITH ORGANIC HEART DISEASE, BRIGHT'S DISEASE, AND CIRRHOSIS OF THE LIVER FORM A GROUP OF DISEASES WHICH ARE CONSTITUTIONAL IN TYPE AND DEVELOP AS A RESULT OF THE GENETIC BEING OF THE BODY ITSELF. FORMERLY CALLED THE "WEAR AND TEAR DISEASES", THEY HAVE BEEN LOOKED UPON AS THE INEVITABLE ENDS OF LIFE. IT HAS, HOWEVER, BEEN DEMONSTRATED THAT WE MAY HASTEN OR RETARD THE ONSET OF DEGENERATIVE CHANGES, INsofar AS WE ADOPT METHODS OF LIVING WHICH MAKE FOR FREEDOM FROM UNCLE OR UNNECESSARY STRESS AND

THE GREATEST REDUCTION IN MORTALITY FROM SPECIAL CAUSES UNDER ANY ONE HEAD DURING THE SIX YEARS 1930-1935, IS THAT CREDITED TO DIPHTHERIA. HERE WE HAVE WITNESSED A HITHERTO WIDESPREAD AND FATAL INFECTION AMONG LITTLE CHILDREN AT LAST BROKEN AND CHAINED BY A PREVENTIVE PROCEDURE - IMMUNIZATION AND THE SCHICK TEST.

THIS HAS ALL BEEN VIRTUALLY ACCOMPLISHED DURING THE SIX YEAR PERIOD. IN 1929 WAS RECORDED THE HIGHEST MORTALITY AND LOSS OF LIFE FROM DIPHTHERIA EVER RECORDED IN THE CITY. IN THAT YEAR, THERE WERE RECORDED 1717 CASES AND 96 DEATHS FROM DIPHTHERIA, ONE OF THE HIGHEST DEATH RATES FROM THIS CAUSE OF ANY CITY IN THE UNITED STATES IN THAT YEAR. THERE FOLLOWED AN INTENSIVE DRIVE FOR IMMUNIZATION IN OUR SCHOOLS AND THROUGH OUR BABY WELFARE STATIONS. WITH THE ASSISTANCE OF THE PHYSICIANS OF THE CITY, THE GREATER NUMBER OF OUR SCHOOL CHILDREN AND MORE THAN HALF OF OUR PRE-SCHOOL CHILDREN WERE IMMUNIZED AND SCHICK TESTED. THE RESULTS WERE REMARKABLE. IN 1935 THERE WERE IN THE WHOLE YEAR, ONLY 2 CASES AND 1 DEATH. TRULY REMARKABLE TRIUMPH FOR PREVENTION.

AN OUTSTANDING REDUCTION IN MORTALITY IS IN THAT DUE TO PNEUMONIA. THE AVERAGE ANNUAL NUMBER OF DEATHS FROM THIS CAUSE DURING THE SIX YEARS WAS 419. THE

REDUCTION IN MORTALITY FROM PNEUMONIA IS ALL THE MORE REMARKABLE INASMUCH AS MEASLES WAS WIDELY PREVALENT IN THE CITY IN 1930, 1933 AND 1935, A DISEASE WHICH IS WELL KNOWN TO INCREASE THE DEATHS DUE TO BRONCHO PNEUMONIA.

STRAIN. THE USE OF A HIGH PROTEID DIET, RICH FOODS, ALCOHOL IN EXCESS, CONTINUOUS EXCITEMENT OR BUSINESS WORRIES BE COMBINED INTO MIDDLE LIFE WITHOUT CAUSING PATHOLOGICAL CHANGES IN THE BODY TISSUES. ON THE OTHER HAND, THE SIMPLE LIFE WITH A RATIONAL DIET, MODERATE BUSINESS WORK AND A SUFFICIENT FREQUENT RECREATION WOULD DO MUCH TO DELAY THE INEVITABLE CHANGES DUE TO "AGEING" OF BODY TISSUES.

BRIGHT'S DISEASE MORTALITY AT LOW RECORD

THE DEATHS FROM BRIGHT'S DISEASE REPORTED DURING THE SIX YEAR PERIOD 1930-1935, SHOW A STEADY DECLINE FROM THIS CAUSE OF DEATH. THE AVERAGE ANNUAL MORTALITY FOR THIS PERIOD WAS 258 DEATHS AS COMPARED WITH THE NORMAL OF THE PREVIOUS ELEVEN YEARS OF 343. BRIGHT'S DISEASE HAS ALWAYS BEEN ASSOCIATED WITH MIDDLE AND LATE AGE PERIODS SO THAT ONLY A SMALL PROPORTION OF THE MORTALITY (6.4%) IS FOUND AT AGE UNDER 24 YEARS. DEATHS FROM BRIGHT'S DISEASE LIKE THOSE FROM ORGANIC HEART DISEASE ARE VERY FREQUENTLY DUE TO DAMAGE TO IMPORTANT ORGANS IN YOUTH AND CHILDHOOD. WITH THE REDUCTION IN THE PREVALENCE OF SCARLET FEVER, DYPHTHERIA, MEASLES AND RHEUMATIC INFECTION, BRIGHT'S DISEASE WILL CONTINUE TO BE LESS AND LESS A FACTOR IN THE DEATHS OF MIDDLE AGE. BETTER LIVING HABITS, MORE ATTENTION TO THE DIET OF THE INDIVIDUAL, MORE RECREATION IN THE OPEN AIR AND AN ANNUAL PHYSICAL CHECK-UP WILL MAKE FURTHER INROADS UPON THE NUMBER OF UNNECESSARY DEATHS.

CONGENITAL DEBILITY DEATHS FROM THIS CAUSE

THE ANNUAL AVERAGE OF DEATHS FROM CONGENITAL DEBILITY DURING THE SIX YEAR PERIOD 1930-1935 WAS 243 AS COMPARED WITH THE ANNUAL NORMAL OF 350 DURING THE PREVIOUS ELEVEN YEARS. THIS MORTALITY IS ALMOST ENTIRELY CONFINED TO AGES UNDER ONE YEAR (98%), AND AMOUNTS TO 4.42% OF THE TOTAL NUMBER OF DEATHS FOR THE SIX YEAR PERIOD.

CONGENITAL DEBILITY HAS BEEN FOR MANY YEARS GIVEN AS A CAUSE OF DEATH AMONG NEWLY BORN CHILDREN WHEN THE ACTUAL CAUSE HAD BEEN OBSCURE AND WHERE FAMILY OBJECT TO AN AUTOPSY COULD NOT BE OBTAINED. OF COURSE, THERE ARE CHILDREN PREMATURELY BORN, WHERE LIFE CANNOT BE MAINTAINED, BUT IT HAS ALWAYS BEEN A QUESTION WHETHER THE NUMBER OF SUCH CASES IS AS GREAT AS THAT RECORDED UNDER THIS SPECIAL CAUSE. RECENT REPORTS FROM INSTITUTIONS INDICATE THAT MANY UNDETERMINED DEATHS IN THE NEW BORN ARE DUE TO INFECTION OF PNEUMONIA AND CRANIAL INJURIES RECEIVED DURING DELIVERY. SUCH DEATHS MAY NOT ALWAYS BE PREVENTABLE BUT AT LEAST AUTOPSY ALLOWS A CLEAR CLASSIFICATION OF THE CAUSES OF SUCH FATALITIES.

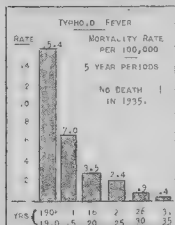
THE WHOLE PROBLEM OF CONGENITAL DEBILITY DEATHS IS TIED UP WITH THAT OF PREMATURITY BIRTHS. THE CITY OF CHICAGO HAS SHOWN THAT WHEN AN ORGANIZED CAMPAIGN IS LAUNCHED TO CUT DOWN THE DEATHS FROM PREMATURITY BY AN EMERGENCY SERVICE FOR THIS TYPE OF BABY, VERY DEFINITE HOPE IS GIVEN OF REDUCING THE NUMBER OF DEATHS FROM CONGENITAL DEBILITY.

EPIDEMIOLOGICAL DEATHS FROM THIS CAUSE

THE AVERAGE ANNUAL DEATHS FROM EPIDEMIC CEREBRO SPINAL MENINGITIS DURING THE SIX YEARS 1930-1935 WAS 6. THE NORMAL MORTALITY FOR ELEVEN PREVIOUS YEARS WAS 14. THIS DISEASE HAD SHOWN AN INCREASING PREVALENCE PREVIOUS TO 1930 IN MANY OF OUR LARGER CITIES. IN NEWARK THIS INCREASE IN MORTALITY HAD BEEN CONTINUOUS FROM 1926 WITH A HIGH PEAK OF 25 DEATHS IN 1929. THE DISEASE IS NOT CONFINED TO ANY SPECIAL AGE PERIOD, ALL AGES FROM TWO TO FORTY-FOUR YEARS ARE SUSCEPTIBLE.

WHAT SPECIAL CIRCUMSTANCES ACCOMPANY A SPREAD OF THIS DISEASE IS DIFFICULT TO DETERMINE. THERE MUST, HOWEVER, BE AN INFANTILE PARALYSIS OF A WIDESPREAD CARRIER CONDITION AMONG HEALTHY PERSONS WHEREBY THE SUSCEPTIBLE INDIVIDUAL IS EXPOSED TO INFECTION FROM HIS APPARENTLY WELL NEIGHBOR.

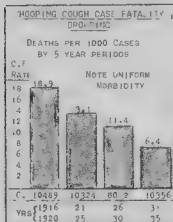
TYPHOID FEVER NOW A CURIOUSITY



OCCASIONAL EPIDEMIC "FLARE-UPS" IN WHICH THE FIGURES WERE MUCH HIGHER, SUCH AS IN 1890 WHEN THE RATE WAS 35 PER 100,000, DEATH CASES AND DEATHS HAVE FADED OUT IN NUMBERS. IN 1892, WHEN THE NEW PEQUANNOCK WATER SUPPLY BECAME AVAILABLE, THE TYPHOID DEATH RATE WAS 78 PER 100,000 POPULATION. TWO YEARS LATER, IT REACHED THE LOW MARK OF 1.7, AND EVERY SUCCEEDING YEAR HAS SEEN A FURTHER REDUCTION WITH A LOW RECORD OF NO DEATHS FROM THIS CAUSE IN 1935.

ACCIDENTAL DEATHS LOWER

AS COMPARED WITH A NORMAL OF 334 FOR THE ELEVEN PREVIOUS YEARS. THE AVERAGE RATE FOR ACCIDENTAL DEATHS PER 100,000 FOR THE SIX YEARS WAS 72. BY FAR THE GREATER NUMBER OF THESE FATALITIES SO RECORDED ARE DUE TO AUTOMOBILE INJURIES. IT IS REGRETTABLE THAT PERSONS KILLED FROM THIS CAUSE WERE IN SO USEFUL AND NECESSARY AN AGE GROUP AS THAT BETWEEN 20 AND 59 YEARS. IN THE SAME MANNER AS AN AUTOMOBILE MORTALITY THE DEATHS DUE TO FALLS IS IN THE GREATER PART GROUPED AMONG THE WAGE EARNERS. IN THE DEATHS DUE TO POISONING BY ILLUMINATING GAS, THERE IS LITTLE DOUBT THAT A NUMBER OF THESE ARE DIRECTLY OF A SUICIDAL TYPE. THIS IS, HOWEVER, DIFFICULT TO ESTABLISH. ALL SUCH DEATHS ARE INVESTIGATED, AND WHEN LEAKING OR DEFECTIVE GAS TUBING OR APPARATUS FOUND UPON THE PREMISES, THE OWNER, AND RELATED TO MAKE NECESSARY REPAIRS. THERE CAN BE LITTLE SAID IN FAVOR OF RUBBER GAS CONNECTION IN BEDROOMS OR LIVING ROOMS. THE METAL TUBING CONNECTION IS BY FAR THE MOST RELIABLE AND LESS LIKELY TO BREAK OFF OR BECOME PERVIOUS SO THAT GAS WILL ESCAPE.



SO EXCELLENT HAVE BEEN THE RESULTS OF THE INSTALLATION OF THE TWO WATER SUPPLIES AT PEQUANNOCK AND MANAQUE THAT TYPHOID FEVER AND OTHER WATER BORNE DISEASES HAVE CEASED TO BE OF ANY IMPORTANCE IN OUR MORTALITY AND MORBIDITY RECORDS.

IN THE SIX YEAR PERIOD 1930-1935 ONLY TEN DEATHS WERE RECORDED UNDER THIS CAUSE, AN ANNUAL AVERAGE OF 1.6 DEATHS AS COMPARED WITH A NORMAL OF 8 FOR THE PREVIOUS ELEVEN YEARS. THE AVERAGE TYPHOID RATE FOR THE SIX YEARS WAS 0.3 PER 100,000. TYPHOID FEVER IS BECOMING A RARE DISEASE IN THE LARGE CITIES OF AMERICA.

THE HISTORY OF THIS DISEASE IN NEWARK IS A REPLICATION OF SIMILAR RESULTS IN OTHER CITIES. AS SOON AS POLLUTED WATER SUPPLIES ARE CHANGED FOR CLEAN AND WELL PROTECTED SOURCES, TYPHOID FEVER IS VIRTUALLY ELIMINATED AS A FACTOR IN WHOLESOME INFECTION.

FROM AN ANNUAL AVERAGE, MORTALITY AROUND 45 PER 100,000 POPULATION ONWARDS SINCE 1869, WITH

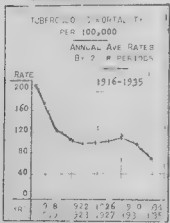
THE DEATHS FROM ACCIDENTS IN THE CITY DURING THE PERIOD 1930-1935 SHOWED AN AVERAGE ANNUAL OF 309

THE ANNUAL AVERAGE NUMBER OF DEATHS FROM WHOOPING COUGH FOR THE SIX YEARS 1930-1935, WAS 12.8 AS COMPARED WITH A NORMAL OF 24 DEATHS FOR EACH OF THE PREVIOUS ELEVEN YEARS. ALTHOUGH WHOOPING COUGH MORTALITY HAS SHOWN A TENDENCY TO DECREASE IN THE SIX YEARS UNDER REVIEW, IT IS STILL HIGH. FOR INSTANCE, THE YEAR 1935 WITH 22 WAS THE HIGHEST FOR ANY OF THESE YEARS. THE GRAVE CHARACTER OF WHOOPING COUGH IN THE VERY YOUNG IS SHOWN BY THE FACT THAT IN MOST OF THESE, DEATHS ARE UNDER TWELVE MONTHS OF AGE. IT HAS BEEN STATED THAT WHOOPING COUGH IS NOT INFLUENCED BY SEASON OR WEATHER. THE RECORD FOR NEWARK WOULD INDICATE APPARENTLY THAT THE DISEASE IS BECOMING SEASONAL. INASMUCH AS WITHIN RECENT YEARS, THE MAJORITY OF CASES REPORTED HAVE BEEN IN THE SUMMER AND FALL MONTHS. WHOOPING COUGH IS, HOWEVER, MORE FATAL DURING THE WINTER MONTHS, THE MAJORITY OF DEATHS BEING RECORDED IN DECEMBER, JANUARY, FEBRUARY

AND MARCH. IT IS A TRUE ENDEMIC DISEASE BEING SELDOM ENTIRELY ABSENT IN LARGE CITIES. THE CAPABILITY TO INFECTION IS VERY GENERAL IN NEARLY ALL AGE PERIODS, ALTHOUGH MOST OF THE INFECTIONS OCCUR UNDER TEN YEARS OF AGE, AND SIXTY PER CENT OF THE FATALITIES UNDER ONE YEAR. THE PROSPECTS FOR THE CONTROL OF WHOOPING COUGH ARE NOT VERY BRIGHT. THERE HAS BEEN SOME ENCOURAGEMENT IN THE USE OF A CONCENTRATED VACCINE (SALKER'S). A MORE GENERAL TRIAL OF THIS PROJECTIVE PROCEDURE WOULD BE MOST DESIRABLE IN THE INTERESTS OF PUBLIC HEALTH. THE FOLLOWING FIGURES SHOW REMARKABLE UNIFORMITY OF PREVALENCE SINCE 1918 TOGETHER WITH MARKED REDUCTION IN CASE FATALITY:

	6 YRS 1918-1923	6 YRS 1924-1929	6 YRS 1930-1935
CASES - - - - -	11,780	11,465	11,487
DEATHS - - - - -	184	142	77
DEATHS PER THOUSAND -	15.7	12.3	6.1

UPPER DEGREE OF DEATHS
IN DEPRESSION PERIOD



THE AVERAGE ANNUAL NUMBER OF DEATHS FROM ALL FORMS OF TUBERCULOSIS DURING THE SIX YEARS 1930-1935, NUMBERED 373 AS COMPARED WITH THE ANNUAL NORMAL OF 421 FOR THE YEAR OUR ELEVEN YEARS. THE TUBERCLE DEATH RATE PER 100,000 POPULATION DECREASED EVERY YEAR DURING THE SIX YEARS TO A NEW LOW IN 1935.

TUBERCULOSIS (ALL FORMS)	RATES PER 100,000
230 92 932 123 124 275	91.1 92.3 79.8 85.8 69.6 69.4

DURING THE SIX YEARS UNDER REVIEW, EVERY EFFORT WAS MADE BY THE FIELD NURSES OF THE DEPARTMENT AND THE INVESTIGATORS WORKING UNDER C. W. A. PROJECTS, TO BRING IN ALL SUSPECTED CASES TO THE CLINIC. THE REASONS FOR A DECREASED MORTALITY FROM TUBERCULOSIS DURING A PERIOD OF UNEMPLOYMENT AND DISTRESS ARE NOT QUITE CLEAR. THERE IS CAUSE FOR CONGRATULATIONS THAT LACK OF WORK AND DIMINISHED INCOMES DID NOT BRING ABOUT ANY CONSIDERABLE DEGREE OF HANDSHED IN LIVING CONDITIONS. WHEN ADEQUATE NUTRITION MUST HAVE BEEN ACCOMPLISHED IN OUR HOME, EVEN IN THESE DISTRESSED FAMILIES, NUTRITION HAD BEEN CUT TO THE BONE. FOR THIS RESULT, THE PUBLIC AND PRIVATE RELIEF AGENCIES ARE TO BE CONGRATULATED.

OLIGOPY THERAPY
NIGHTLY NUTRITION

TREATMENT AMONG THE TUBERCULOSIS PATIENTS.

THE DEPRESSED ECONOMIC CONDITION AS WELL AS UNEMPLOYMENT DURING THE SIX YEARS 1930-1935 BROUGHT ABOUT A GREAT INCREASE IN DEMANDS FOR HOSPITAL AND SANATORIAL

THIS WAS MET BY THE ADDITION OF TWO HUNDRED EXTRA BEDS MADE AVAILABLE IN THE ESSICK COUNTY SANATORIUM AT WERONA IN OCTOBER 1930. THE MORE GENERAL APPLICATION OF AN ARTIFICIAL PNEUMO-THORAX WITH TREATMENT OF INCUBANT AND MODERATELY ADVANCED CASES OF TUBERCULOSIS ALSO HAD THE EFFECT OF KEEPING THE WAGE EARNER ON HIS JOB AT THE SAME TIME. THE GAS COLLAPSE TREATMENT OF ARTIFICIAL PNEUMO-THORAX, NOW CARRIED OUT IN THE DEPARTMENT CLINIC WITH INCREASING CONFIDENCE AMONG OUR PHYSICIAN. THE RESULTS WOULD APPEAR TO JUSTIFY THE CLAIMS MADE THAT THE PATIENT'S CONDITION RAPIDLY IMPROVES, THE SPUTUM BECOMES NEGATIVE, AND THE GENERAL CONDITION ENABLES EMPLOYMENT TO BE CONTINUED. THE TREATMENT IS CONSIDERED TO BE ONE OF THE MOST PROGRESSIVE STEPS TAKEN TO BRING HOPE TO THE CONSUMPTIVE, AND TO RENDER MORE PROBABLE THE EVENTUAL CURE OF THE DISEASE IN THE HOME.

HEALTHY MORTALITY
UPPER DEGREE

THE AVERAGE ANNUAL NUMBER OF DEATHS FOR THE SIX YEAR PERIOD 1930-1935 WAS 8. THE DEATHS WERE, HOWEVER, UNEVENLY DISTRIBUTED. THE HIGHEST NUMBER, 9, WAS RECORDED IN 1930, THE LOWEST IN 1931 AND 1934 WITH ONE EACH FOR THESE YEARS. MEASLES HAS LONG BEEN CONSIDERED A SEASONAL DISEASE, THE MONTHS OF LOW TEMPERATURES BEING FAVORABLE FOR ITS SPREAD.

THE RECORD FOR NEWARK INDICATES A DECREASING FATALITY FROM THIS CAUSE, ALTHOUGH THERE ARE APPARENTLY DEFINITE CYCLES OF HIGH PREVALENCE WITH INTERVALS OF LOW, OF ONE OR MORE YEARS DURATION. IT MAY BE SAID OF MEASLES THAT IT IS ONE OF THE FEVER DISEASES STILL EXERCISING UNDISPUTED SWAY IN MODERN COMMUNITIES. IT IS QUESTIONABLE WHETHER THE DISEASE IS ANY LESS COMMON THAN FORMERLY, BUT THAT ITS CASE FATALITY IS BECOMING NEGLECTIBLE IS UNQUESTIONABLE. THE FATALITY RATE, HOWEVER, IS VARIABLY AND DEPENDS UPON THE PRESENCE OF VIRULENT TYPES OF ORGANISMS THAT MAY BRING ABOUT COMPLICATING PNEUMONIA. THE RECORDS OF DEATHS FROM MEASLES, HOWEVER, ARE NOT ALWAYS ACCURATE, AS THE TERMINAL PNEUMONIA MAY FOLLOW UPON MEASLES SYMPTOMS SO SLIGHT AS TO HAVE ESCAPED DIAGNOSIS. THE RATIO OF MORTALITY FROM MEASLES TO THE GENERAL DEATH RATE IS USUALLY LESS THAN ONE PERCENT OF ALL DEATHS. THE AGE RANGE OF VULNERABILITY IN MEASLES IS IMPORTANT, 80% OF THE CASES ARE UNDER TEN YEARS OF AGE, WHEREAS 99% OF THE DEATHS FROM THIS CAUSE ARE UNDER FIVE YEARS OF AGE. VULNERABILITY OF MEASLES HAS BEEN SEEN TO DIMINISH WITH AGE. DEATHS FROM THIS CAUSE ARE RARE AFTER TEN YEARS OF AGE.

MATERNAL MORTALITY DECREASED

THE AVERAGE ANNUAL NUMBER OF DEATHS FROM PUERPERAL OR CHILD BED FATALITY DURING THE SIX YEARS 1930-1935 WAS 36, AS COMPARED WITH A NORMAL OF 66 FOR THE ELEVEN PREVIOUS YEARS. THE MATERNAL MORTALITY RATE WHICH IS CALCULATED UPON THE RATIO OF MOTHERS DEAD, TO THE NUMBER OF BIRTHS, INCLUDING STILL-BIRTHS (BUT NOT ABORTIONS), AMOUNTS TO 4.50 PER 1,000 DELIVERIES FOR THE SIX YEAR PERIOD, AS COMPARED WITH A NORMAL RATE OF 5.96 FOR THE ELEVEN PREVIOUS YEARS. THE REDUCTION IN PUERPERAL SEPTICAEMIA DEATHS IS EVEN MORE MARKED, AVERAGING 8 PER YEAR IN 1930-1935 COMPARED WITH A NORMAL OF 18 ANNUALLY FOR ELEVEN YEARS. THE FOLLOWING TABLE GIVES THE RECORD OF BIRTHS, STILL-BIRTHS, TOTAL DELIVERIES, MATERNAL DEATHS AND MATERNAL DEATH RATE PER 1,000 DELIVERIES FOR A PERIOD OF 16 YEARS.

MATERNAL DEATHS 1920-1935

YEAR	BIRTHS	STILL BIRTHS	TOTAL DELIVERIES	MATERNAL DEATHS	MATERNAL DEATHS PER 1,000 DELIVERIES	PUER. SHT.
1935	7638	276	7914	34	4.3	8
1934	7565	256	7821	39	4.8	7
1933	7897	308	8205	27	3.3	8
1932	8782	340	9122	36	4.0	3
1931	9506	397	9903	34	3.4	3
1930	9824	367	10191	60	5.9	18
1929	9965	416	10381	51	4.9	12
1928	9802	383	10185	63	6.2	14
1927	10042	435	10477	70	6.7	14
1926	10460	437	10897	66	6.1	9
1925	10852	466	11318	81	7.2	20
1924	11449	502	11951	87	7.3	24
1923	11111	503	11614	52	4.5	19
1922	10993	422	11415	58	5.1	18
1921	11705	504	12209	74	6.1	18
1920	11734	448	12182	67	5.5	22
TOTAL FOR 16 YEARS			166785	899	5.4	217

IN SPITE OF THIS REDUCTION, THE CONTINUED DEATHS FROM PUERPERAL CAUSES IS A REMINDER THAT MUCH STILL REMAINS TO BE DONE TO SAFEGUARD THE LIVES OF WOMEN IN CHILD-BIRTH. THE FACTS OF THE LSEIX COUNTY MATERNAL MORTALITY COMMISSION IN STANDARDIZING OBSTETRICAL PROCEDURES IN OUR HOSPITALS AND NURSING HOMES AND THE WORK OF THE PRE-NATAL CLINICS IN BRINGING INFORMATION TO EXPECTANT MOTHERS SHOULD UNDOUBTFULLY MAKE FOR A FURTHER REDUCTION IN THESE PREVENTABLE FATALITIES OF BIRTH AND THE PUERPERAL PERIOD.

THE FOLLOWING TABLE GIVES THE MATERNAL DEATHS RECORDED IN THE SIX YEAR PERIOD 1930-1935, FROM SPECIAL CAUSES AND THE PERCENTAGE PROPORTION OF THE TOTAL.

MATERNAL DEATHS UNDER CLASSIFIED CAUSES 1930 TO 1935

CAUSE	1930	1931	1932	1933	1934	1935
TOTALS	67	34	36	27	39	34
CAESARIAN SECT.	5	4	2	4	1	3
PUER. SEPTICAEMIA	12	3	9	7	7	8
ECLAMPSIA	2	4	-	2	2	3
HEMORRHAGE	4	-	6	-	5	-
POOR POSITION	1	-	-	-	-	-
PLACENTA PRÆVIA	1	2	-	-	5	2
RAPT. TERN S	3	3	-	-	-	-
CTOIC PREG	2	4	-	2	-	2
ABORTIONS	7	-	5	4	5	9
CRIMINAL ABORTIONS	8	3	-	-	2	-
ERYSIPELAS	1	-	-	-	-	-
NEPHRITIS	6	-	-	-	-	-
HEART FAILURE	3	-	-	-	4	-
EMBOLISM	1	-	-	-	1	-
DIABETIC COMA	1	-	-	-	-	-
PREGNANCY-SYPHILITIC	-	1	-	-	-	-
PERNICIOUS VOMITING	-	6	-	-	-	-
CHILD BIRTH	-	4	-	3	-	-
OTHER ACCI. OF PREG.	-	-	5	5	4	2
OTHER DISEASES "	-	-	9	-	-	-
CONTRACTED PELVIS	-	-	-	-	-	-

THE HIGH PROPORTION OF THESE DEATHS DUE TO ABORTION, BRINGS UP AGAIN THE QUESTION AS TO WHETHER THESE DEATHS CAN REALLY BE CLASSIFIED AS MATERNAL DEATHS. THE GENERAL OPINION AMONG PHYSICIANS IS THAT THEY SHOULD NOT BE SO INCLUDED INASMUCH AS THEY ARE NOT DIRECTLY CONNECTED WITH NORMAL DELIVERY AND ARE CONDITIONS BRINGT ABOUT BY ABNORMAL INTERFERENCE WITH A NATURAL FUNCTION - THE BRINGING FORTH OF A CHILD.

HOWEVER, INASMUCH AS MATERNAL DEATHS IN ALL COUNTRIES INCLUDE ABORTIONS AND THAT MATERNAL DEATH RATES ARE CALCULATED UPON THEIR INCLUSION FOR ONE CITY NOT TO DO SO, WOULD MAKE THE MATERNAL MORTALITY NOT COMPARABLE WITH THAT OF OTHER CITIES AND COUNTRIES.



INCREASED MORTALITY IN SIX YEARS

INCREASED NUMBERS OF DEATHS WERE RECORDED IN THE SIX YEAR PERIOD 1930-1935 UNDER THE FOLLOWING CAUSES:

CAUSE	SIX YEAR AVERAGE	NORMAL OF PREVIOUS ELEVEN YEARS
ORGANIC HEART DISEASE	1039	729
CANCER	512	478

ORGANIC HEART DISEASE

PRIMA MORTALITY

DEATHS FROM ORGANIC HEART DISEASE INCREASED SLIGHTLY IN NUMBER FOR THE SIX YEAR PERIOD 1930-1935. THE AVERAGE ANNUAL NUMBER OF DEATHS FROM THIS CAUSE WAS 1039 COMPARED WITH A NORMAL OF 729 FOR THE ELEVEN PREVIOUS YEARS. ORGANIC HEART DISEASE IS THE MOST FREQUENT CAUSE OF DEATH IN OUR MORTALITY RECORDS AMOUNTING TO 20.52% OF OUR TOTAL DEATHS BETWEEN 1930 - 1934.

BY FAR THE GREATER PART OF THESE DEATHS WERE IN PERSONS OVER 45 YEARS OF AGE. A DEFINITE CAMPAIGN AGAINST THE HIGH MORTALITY FROM HEART DISEASE IS THE GREAT NEED IN HEALTH PROGRAMS TODAY. CONTRARY TO A CERTAIN AMOUNT OF ACCEPTED BELIEF, DEATH FROM ACUTE HEART DISEASE IS NOT COMMON.

THE CENSUS MORTALITY FIGURES FROM THE UNITED STATES REGISTRATION AREA SHOW A RATE OF 8.8 PER 100,000 FROM PERICARDITIS AND ACUTE ENDOCARDITIS, BOTH ACUTE HEART

CONDITIONS. IN THE SAME PERIOD THE DEATH RATE FROM ORGANIC HEART DISEASE WAS 4.9 PER 100,000. HERE IS A RATE 6 TIMES AS HIGH AS THE MORTALITY FROM THE MORE ACUTE FORMS OF HEART DISEASE. IN THE ACUTE GROUP, HOWEVER, THERE IS A VERY MUCH MORE RECENT RELATIONSHIP TO THE PRESENCE OF CERTAIN EPIDEMIC DISEASES. THE FATAL RESULTS IN THESE CASES BEING MORE GENERALLY ASSOCIATED WITH SOME SEPTIC PYOGENIC PROCESS. ON THE OTHER HAND, THE FATAL RESULTS OF A CHRONIC CARDIAC DISEASE ARE BROUGHT ABOUT BY FAILURE OF THE HEART TO FUNCTION IN A MECHANICAL WAY.

ALTHOUGH THE DAMAGE TO THE HEART TISSUE, EITHER MUSCULAR OR NERVOUS WAS ORIGINALLY PATHOLOGICAL, THE FAILURE TO FUNCTION IS A PHYSICAL DEFECT WHICH RENDER THE HEART A MACHINE INCAPABLE OF EFFECTIVE WORK.

THE CLASSIFICATION OF SUCH DEATHS, THEREFORE, INTO ACUTE AND CHRONIC HEART DISEASES RECOGNIZES A VERY COMMONLY OBSERVED FACT THAT DEATHS FROM CHRONIC HEART DISEASES ARE NOT, EXCEPT IN A FEW INSTANCES, DUE TO AN ACUTE DISEASE BUT RATHER TO GENERAL FAILURE TO FUNCTION DUE TO THE DEFECTIVE APPARATUS OF A DAMAGED MACHINE.

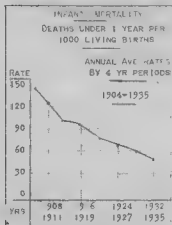
CANCER DEATHS STILL INCREASING DURING THE SIX YEARS 1930 - 1935, THE ANNUAL AVERAGE NUMBER OF DEATHS FROM CANCER WAS 512 AS COMPARED WITH 478, THE ANNUAL NORMAL FOR THE ELEVEN PREVIOUS YEARS. THE MORTALITY FROM CANCER HAS INCREASED SLOWLY BUT STEADILY DURING RECENT YEARS, SO THAT IT NOW BECOMES EASILY THE SECOND MOST FREQUENT CAUSE OF DEATH IN OUR ANNUAL RECORDS.

THE ANNUAL RATE PER 100,000 FOR THE SIX YEAR PERIOD WAS 113.1 AS COMPARED WITH A RATE OF 92.8 PER 100,000 FOR THE FIVE YEAR PERIOD 1925-1929. THE FATALITY FROM CANCER ARE USUALLY FREELY DIVIDED BETWEEN THE SEXES. BY FAR THE GREATER NUMBER, 87.4% OF THE DEATHS OCCUR AT AGES OVER 45 YEARS. THE INCREASING MORTALITY FROM CANCER IS AN OBSERVED FACT IN ALL CIVILIZED COMMUNITIES.

THIS HAS BEEN SAID TO BE DUE TO AN INCREASING NUMBER OF PEOPLE REACHING THE CANCER AGE, MIDDLE LIFE, ALSO TO BETTER DIAGNOSTIC FACILITIES WHEREBY OBSCURE AFFECTIONS ARE NOW BEING SHOWN TO BE CANCEROUS.

WHATEVER THE REASON, PUBLIC EDUCATION, TO THE NECESSITY OF EARLY OPERATION IS A VITAL NECESSITY IF OUR CANCER MORTALITY IS TO BE REDUCED. MANY CASES ARE INOPERABLE WHEN DISCOVERED, OTHERS THE USE OF RADIUM MAY CONTROL, AND EARLY OPERATION WILL SAVE A GOODLY PORTION OF THEM.

INFANT MORTALITY
LOWEST ON RECORD
FOR THE SIX YEAR PERIOD



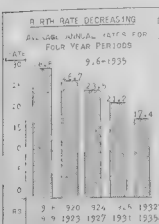
DURING THE SIX YEARS 1930-1935, INFANT MORTALITY RATES WERE THE LOWEST IN THE HISTORY OF THE CITY. THE AVERAGE ANNUAL RATE WAS 47.6 PER 1,000 BIRTHS, COMPARED WITH A NORMAL OF 68.7 FOR PREVIOUS YEARS. A RECORD LOW RATE FOR NEWARK WAS REPORTED IN 1932 WITH 42.2 PER 1,000 BIRTHS. THE FOLLOWING TABLE OF THE BIRTHS, BIRTH RATE, DEATHS UNDER 1 YEAR AND INFANT MORTALITY RATE FOR THE SIX YEARS 1930-1935.

YEAR	BIRTHS	BIRTH RATE	DEATHS UNDER ONE YEAR	INFANT MORTALITY
1930	9824	22.3	512	52.1
1931	9506	21.4	490	51.5
1932	8782	19.5	371	42.2
1933	7897	17.5	356	45.1
1934	7565	16.7	342	45.2
1935	7638	16.8	417	54.6

HAND IN HAND WITH THE LOWERING OF THE ANNUAL BIRTH RATE THERE HAS BEEN AN ACCOMPANYING DECREASE IN THE INFANT MORTALITY. IN THE YEAR 1906 WITH 7649 BIRTHS, THERE WERE 1196 DEATHS OF INFANTS UNDER ONE YEAR, WITH AN INFANT MORTALITY RATE OF 157.0 PER 1,000 BIRTHS. SHOULD THIS RATE HAVE PREVAILED IN 1935, 782 MORE BABIES WOULD HAVE DIED IN THAT ONE YEAR THAN THE NUMBER RECORDED. THE INCREASING

PRACTICE OF BREASTFEEDING INFANTS FOR AT LEAST THE FIRST FEW MONTHS OF LIFE AND THE MORE COMPLETE CARE OF BABIES BY BETTER INFORMED MOTHERS HAS BEEN A PREVENTIVE IN THE SEVERE MENACE OF BABY'S DEATHS. IN THE SIX YEARS UNDER REVIEW, 6 HAVE HAD CONSEQUENCES OF DEATH TUTION IN SOME HOMES WHICH MIGHT WELL HAVE BEEN REFLECTED IN A HIGH INFANT MORTALITY RATE. (LARRY SUMMER OF THIS PERIOD HAS SHOWN A CONTINUED ABSENCE OF CLINICAL DISEASES OF CHILDREN WHICH IN ITSELF IS A TRUE BENCHMARK OF THE CONDITIONS SURROUNDING CHILD LIFE IN THE HOME.)

THE DEATHS FROM CONGENITAL DEBILITY CONTINUE TO BE A LARGE PART OF THE DEATHS UNDER ONE YEAR. A MORE DEFINITE EFFORT WILL HAVE TO BE MADE TO DETERMINE THE TRUE CAUSE OF DEATH BY AUTOPSY BEFORE THIS CAN BE RECTIFIED.



THE ANNUAL AVERAGE BIRTH RATE DURING THE SIX YEARS 1930-1935 WAS 19.0 PER 1,000 POPULATION. THE LOWEST BIRTH RATE WAS RECORDED IN 1931 AT 16.7 WITH A RATE OF 16.7 PER 1,000. THERE WAS A SLIGHT INCREASE IN BIRTHS IN 1935, 7,638 BIRTHS AS COMPARED WITH 7,565 BIRTHS IN 1934, A DIFFERENCE OF ONE POINT IN THE BIRTH RATE.

FEWER DELIVERIES IN THE HOME

AMONG THE 51,212 BIRTHS RECORDED FOR THE SIX YEARS 1930-1935, 13,204 TOOK PLACE IN THE HOME, 25.8%; AND 38,008 IN THE HOSPITALS, 74.2%. WITHIN RECENT YEARS, IT HAS BECOME INCREASINGLY COMMON FOR LABOR CASES TO BE TAKEN CARE OF IN HOSPITALS AND NURSING HOMES. THE ADVANTAGES TO THE MOTHERS IS, OF COURSE, THE ASSURANCE OF SKILLED NURSING SERVICE, AS WELL AS THE GENERAL FREEDOM FROM THE CARES AND WORRIES OF THE FAMILY AND HOME DURING A CRITICAL PERIOD.

PHYSICIANS WERE IN ATTENDANCE AT 45,719 BIRTHS INCLUDING HOSPITAL DELIVERIES DURING THE SIX YEARS, OR 89.3% OF THE TOTAL AS COMPARED WITH 5493 CASES, OR 10.7%, ATTENDED BY MIDWIVES. ALTHOUGH THERE HAS BEEN A CONSIDERABLE REDUCTION IN THE NUMBER OF DELIVERIES ATTENDED BY MIDWIVES DURING THE LAST TEN YEARS, PRINCIPALLY BECAUSE OF THE LARGE NUMBER OF DELIVERIES IN HOSPITALS THIS HAS NOT AFFECTED TO ANY DEGREE THE DELIVERY BY MIDWIVES IN THE HOME. DURING THE YEARS 1930-1935 THERE WERE 3,204 AT HOME, OF WHICH 2,493 OR 77.8% WERE DELIVERED BY A MIDWIFE. THE FIGURE FOR THE SIX YEARS WOULD INDICATE A DECIDED PREFERENCE FOR THE MIDWIFE IN NEARLY HALF THE WOMEN WHO ARE DELIVERED IN THE HOME. THE FOLLOWING TABLE GIVES THE BIRTHS ATTENDED BY PHYSICIANS AND MIDWIVES AND THOSE TAKING PLACE AT HOME AND IN HOSPITALS IN SIX YEARS,

BIRTHS BY (PHYSICIANS AND MIDWIVES) AND (HOME AND HOSPITAL)

	1930	1931	1932	1933	1934	1935	TOTAL
TOTAL	7638	7565	7897	8782	9506	9824	51,212 - 100 %
HOSPITAL	6076	5858	6195	6538	6824	6517	38,008 - 74.2 %
HOME	1562	1707	1702	2244	2682	3307	13,204 - 25.8 %
AT HOME							
PHYSICIANS	1047	1082	986	1291	1491	1814	7,711 - 58.2 %
MIDWIVES	515	625	716	953	1191	1493	5,493 - 41.8 %

EPIDEMIC DISEASE PREVALENCE

IN THE SIX YEARS 1930-1935 THERE WAS AN ANNUAL AVERAGE OF 17.95 REPORTABLE EPIDEMICS RECORDED IN THE CITY. THE FOLLOWING TABLE SHOWS THE PREVALENCE OF CERTAIN DISEASES DURING THIS PERIOD.

CASES REPORTED

	1930	1931	1932	1933	1934	1935
DIPHTHERIA	871	221	71	22	10	12
TYPHOID FEVER	16	23	25	8	13	15
EPIDEMIC MENINGITIS	52	32	9	10	7	8
INFANTILE PARALYSIS	4	108	4	42	6	49
SCARLET FEVER	1113	1175	981	767	641	643
MEASLES	5675	508	1571	7398	491	6907
WHOOPING COUGH	1131	3386	1307	1510	1764	2389
MUMPS	554	315	3227	989	165	1040
LOBAR PNEUMONIA	1101	1313	1094	1201	1014	1092
BRONCHO PNEUMONIA	715	991	698	943	860	912
INFLUENZA	182	876	551	740	421	259
TUBERCULOSIS	1000	988	786	757	671	654

EASLES MOST PREVALENT

THE MOST PREVALENT DISEASE IN THE SIX YEARS 1930-1935 WAS MEASLES, BEGINNING WITH 4675 CASES IN 1930, AT A COVERED INFIDENT IN 1931 AND 1932 THE DISEASE REACHED A PEAK OF 7398 IN 1933 WITH AN INCIDENCE RATE OF 1634.9 PER 1,000 OF THE POPULATION. THE RECORD FOR MEASLES IN NEWARK IS ONE OF CONTINUED PREVALENCE WITH MODERATE DECREASES IN MORTALITY EVERY ALTERNATE YEAR OR TWO YEARS. WITHIN A SPACE OF TEN YEARS, 1923-1932, THE MORTALITY OF MEASLES WAS REDUCED 47% IN THE CITIES OF THE NEW YORK STATE REGISTRATION AREA AND 85% IN THE LOCAL DISTRICTS DURING THE SAME PERIOD.

THE MORTALITY FROM MEASLES DURING THE SIX YEARS WAS, HOWEVER, LOW. IN THE HIGH PREVALENT YEAR OF 1930 THE MORTALITY WAS 4.3 AND AGAIN IN THE YEAR 1933 THE RATE WAS 3.8 PER 100,000 POPULATION. IN VIEW OF THE GREAT REDUCTION IN MORTALITY, MEASLES REMAINS ONE OF THE GREAT ENDEMIC INFECTIONS, DIRECTLY AND INDIRECTLY BRINGING ABOUT GREAT WASTING AND LOSS OF SCHOOL ATTENDANCE, AND IT IS QUESTIONABLE WHETHER THE DISEASE IS ANY LESS COMMON THAN FORMERLY. THE CASE FATALITY IN OUR RECENT EPIDEMICS OF MEASLES IS BELOW HIGHER THAN TWO PER THOUSAND. IN 1930 THE PROPORTION OF DEATHS TO CHILDREN ATTACKED WAS THREE-TENTHS OF ONE PER CENT. THIS LOW CASE FATALITY IN 1930 WAS DUE TO THE FEWER CASES OF PNEUMONIA WHICH FOLLOWED THE ATTACK OF MEASLES, AND A COMPARATIVE OVER VIGILANCE OF THE PNEUMONIA ORGANISM.

BY FAR THE GREATER PROPORTION OF CHILDREN ATTACKED IN THESE EPIDEMIC YEARS WERE BETWEEN 5 AND 9 YEARS OF AGE (54%) WHILE 40% WERE AT FIVE YEARS AND UNDER. IN EARLIER YEARS, THE PRE-SCHOOL CASES PREDOMINATED, WHICH MAY ACCOUNT IN PART FOR THE FATALITY REDUCTION.

SCARLET FEVER AT LOW EBB

ALTHOUGH SCARLET FEVER WAS FAIRLY PREVALENT IN 1930 AND 1931, THE SIX YEARS UNDER REVIEW SHOWED GENERALLY A DECREASE. THE TYPE OF SCARLET FEVER EXPERIENCED IN 1930 WAS OF A MILD TYPE, THE CASE FATALITY FOR THE REPORTED CASES BEING LESS THAN TWO-TENTHS OF ONE PERCENT. IN THE SUSCEPTIBILITY TO SCARLET FEVER, AGE PLAYS AN IMPORTANT PART, 70% OF ALL THE CASES REPORTED WERE AT AGES UNDER TEN YEARS. IT IS NOTABLE, HOWEVER, THAT THE SUSCEPTIBILITY TO THE DISEASE IS EXTENDED MUCH BEYOND TEN YEARS, EVEN UP TO 55 AND 64 YEARS. NO VERY DEFINITE IMMUNITY SEEMS TO BE ESTABLISHED BEFORE 15 YEARS, ALTHOUGH THE FATAL CASES ARE CONFINED TO THE VERY YOUNG AGE PERIODS. THE INCREASE IN GERMAN MEASLES NOT CONFIDENTIALITY OF THE SCARLET FEVER EPIDEMIC YEARS IS NOT AN UNCOMMON OCCURRENCE AS THE TWO DISEASES SEEMINGLY RUN CONCURRENTLY. THIS MAKES THE REPORTING AND PROPER DIAGNOSIS OF GERMAN MEASLES AN IMPORTANT ADMINISTRATIVE ACTIVITY DURING THE PREVALENCE OF SCARLET FEVER.

PHYLARIA POLYVALENTIS IMMUNIZING

DURING THE SIX YEAR PERIOD 1930-1935 THERE WERE 1407 CASES OF DYPHTHERIA REPORTED IN THE CITY, 29% IN THE FIRST THREE YEARS AND 12.5% IN THE SECOND THREE

YEARS. THESE RESULTS WERE COINCIDENTAL WITH THE INTENSIVE DRIVE FOR THE IMMUNIZATION OF CHILDREN IN THE CITY WHICH WAS STARTED IN 1930. IT WAS SHOWN DURING THE EARLY YEARS OF THIS CAMPAIGN THAT AS THE SCHOOL CHILDREN WERE PROTECTED BY AN INCREASING NUMBER OF IMMUNIZED CHILDREN THERE WAS AN INCREASING PREVALENCE OF THE DISEASE AMONG THE NON-SCHOOL POPULATION. THE "TWILIGHT" PERIOD OF CHILD LIFE, BETWEEN BIRTH AND SCHOOL AGE HAD BEEN LEFT TO THE LAST WHEREAS IT SHOULD HAVE BEEN THE FIRST GROUP IMMUNIZED. THE MOST PRESSING PROBLEM OF OUR IMMUNIZATION PROGRAMS TODAY, IS THE PROTECTION OF THIS GROUP OF CHILDREN. WITH THE ACTIVE SUPPORT OF THE PRIVATE PHYSICIANS, THE CLINICS AND WELL-BEING HOSPITALS, THIS IS BEING ACCOMPLISHED. AT THE END OF THE SIX YEARS, IT WAS ESTIMATED THAT THE PERCENTAGE OF IMMUNIZED PRE-SCHOOL CHILDREN IN THE CITY WAS 50%. THE PRE-SCHOOL POPULATION OF 8, HOWEVER, BEING CONTINUOUSLY DECREASED BY BIRTH AND DEATH OF NEWBORN LINGS, SO THAT THE CAMPAIGN FOR IMMUNIZATION MUST BE A CONTINUOUS ONE UNTIL IT BECOMES AN ACCEPTED BELIEF BY THE PARENTS THAT ALL CHILDREN MUST RECEIVE THIS VALUABLE PROTECTION AS SOON AS POSSIBLE AFTER SIX MONTHS OF AGE.

WHOPPING COUGH

WHOPPING COUGH SHOWED ITS USUAL PREVALENCE DURING 1930-

1935, THE PEAK OF HIGH PREVALENCE BEING THERE IN 1931 WITH 3386 REPORTED CASES AND 1935 WITH 2389 CASES. THE AGE INCIDENCE OF THIS DISEASE APPLIED TO BOTH 5 YEARS AND UNDER (50.5%), WHILE THE AGE INCIDENCE TO NINE YEARS HAD 46.6% OF ALL CASES.

WHOPPING COUGH IS ONE OF THE ENDEMIC DISEASES OF CHILDHOOD AND IS SELDOM ABSENT FROM OUR RETORTS FOR ANY LONG PERIOD OF TIME. THE MORTALITY FROM THIS DISEASE IS IN THE CASE OF WEAKENED CHILDREN EVER SHOWING A TENDENCY TO DECREASE, THE CASE FATALITY BEING NOW ABOUT 1 PER 1000 CASES. THE INCREASING DEGREE OF WHOPPING COUGH VACCINE MAY HAVE HAD SOMETHING TO DO WITH THIS IN REDUCING THE SEVERITY OF THE SYMPTOMS. THERE IS NO REASON TO DISCOURAGE THE USE OF WHOPPING COUGH VACCINE ALTHOUGH DOUBTLESS VACCINES OF ITS CLASS ARE HARD TO OBTAIN. IT IS HARMLESS, NO REACTION APPARENT WHEN GIVEN IN MODERATE DOSES.

SUSCEPTIBILITY TO WHOPPING COUGH IS HIGH IN THE VERY YOUNG, SO THAT INFANTS AND BABIES SHOULD BE REMOVED IMMEDIATELY FROM CONTACT WITH A KNOWN CASE OR EVEN A CHILD WITH A SUSPICIOUS COUGH. THERE IS NOTHING MORE DANGEROUS THAN THE "GET IT AND HAVE IT OVER WITH" ATTITUDE OF SOME PARENTS WHEN THEY SPEAK OF WHOPPING COUGH.

INFLUENZA

INFLUENZA, AFTER A HIGH PREVALENCE IN 1929 GRADUALLY BECAME LESS PREVALENT IN THE SIX YEAR PERIOD 1930-

1935. THIS HAS BEEN REMARKABLE BECAUSE INFLUENZA IN WINTER WAVE HAS ALWAYS BEEN TO BE FOLLOWED PERIODS OF HARDENING, DISTASTION AND LACK OF PROPER FOOD AND CLOTHING. INFLUENZA HAS BEEN RESPONSIBLE IN THE PAST FOR THE LOSS OF THOUSANDS OF LIVES ALL OVER THE CIVILIZED WORLD.

IT IS DOUBTFUL WHETHER THE CASES REPORTED DURING NON-PANDEMIC YEARS ARE TRUE INFLUENZA, AS MANY OF THE SYMPTOMS SUCH AS "GRIPPE", COLDS, CATARRHS, MAY BE BELIEVED THE DISEASE WITH, OF COURSE, NONE OF ITS USUAL MORTALITY. THERE MUST BE A VERY DILUTION CHANNEL OR CHANNELS OF INFECTION DURING PANDEMICS FOR ONLY A FEW OF THE POPULATION ESCAPE ATTACK.

THE MOST LIKELY OF THESE CHANNELS "THE RUNWAYS OF DISEASE" ARE PROBABLY THE LEAST CONSIDERED, SUCH AS THE COMMON BATH-ROOM BASH BOWL, FAUCET HANDLES, DOOR KNOBS, KITCHENWARE AND FOOD UTENSILS AS WELL AS THE PROMISCUOUS CAMELING AND KISSING AMONG INDIVIDUALS. IN PUBLIC, THESE "RUNWAYS" ARE PROBABLY FROM SLOW HANDSHAKING, SNEEZING AND COUGHING IN CONFINED SPACES, SUCH AS IN TROLLEY CARS, BUSES, AND AUTOMOBILES AND THE PASSING OF ARTICLES FROM HAND TO HAND SUCH AS IN OUR STORES AND OFFICES. WHILE WE CANNOT NATURALLY LIVE IN GLASS CAGES, THE INCIDENCE OF INFLUENZA AND COLDS COULD VERY WELL BE MATERIALLY MINIMIZED BY THE ADOPTION OF THE SIMPLEST RULES OF PERSONAL HYGIENE.

INDULGENT FEVER MILK-BORNE DISEASE

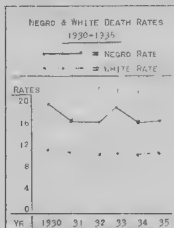
DURING THE SIX YEARS 1930-1935 THERE WERE SEVEN CASES OF INDULGENT FEVER AMONG HUMAN BEINGS. ALL THE CASES GAVE DEFINITE HISTORIES OF HAVING USED RAW MILK UPON FARMS DURING VACATION PERIODS ON THE VISITING IN THE COUNTRY. LABORATORY EXAMINATION OF THESE CASES SHOWED POSITIVE REACTION TO CULTURE OF THE BRUCELLA ORGANISM. THERE IS APPARENTLY A COUNTRY-WIDE INCREASE IN THE PREVALENCE OF INDULGENT FEVER. IN 1929 THERE WERE 1,005 CASES REPORTED IN THE UNITED STATES WITH THE DISEASE PRESENT IN EVERY STATE OF THE UNION. THE INFECTION IS TRANSMITTED FROM CATTLE, GENERALLY BY THE USE OF INFECTED RAW MILK, ALTHOUGH THERE ARE PRESUMABLY OTHER CHANNELS OF INFECTION BETWEEN MAN AND THE COW. THERE IS AN INCREASING NUMBER OF CATTLE UPON THE FARMS BECOMING INFECTED WITH THIS DISEASE.

RECENTLY IT HAS BEEN SHOWN BY HASSETT THAT OTHER FARM ANIMALS, SUCH AS HOGS MAY CARRY INFECTION. THE ELIMINATION OF INDULGENT FEVER, OR SO-CALLED CONTAGIOUS ABORTION AMONG MILK PRODUCING HERDS BY TESTING AND SLAUGHTERING WILL BE LONG AND EXPENSIVE BUSINESS FOR ANY STATE CONTEMPLATING ACTION ALONG THE LINE OF COMPLETE ERADICATION.

AS THE DISEASE IS NOT ATTENDED BY ANY MORTALITY AND INASMUCH AS IT HAS BEEN SHOWN THAT THE PASTEURIZING OF THE MILK DESTROYS THE VIRUS, THE ONLY REAL AND MORE EFFICIENT AND CHEAPER METHOD TO REQUIRE ALL RAW MILK SUPPLIES TO BE PASTEURIZED UNTIL SUCH TIME AS THE HERDS ARE REPORTED FREE OF THE INFECTION.



BIRTHS & DEATHS AMONG COLORED



THE FOLLOWING TABLE GIVES THE NUMBER OF DEATHS, BIRTH RATES PER 1,000, INFANT MORTALITY RATES PER 1,000 BIRTHS, AND THE BIRTH RATES AMONG THE COLORED FOR THE SIX YEAR PERIOD 1930-1935.

BIRTH, DEATH, AND INFANT MORTALITY - EST. POP. 40,000

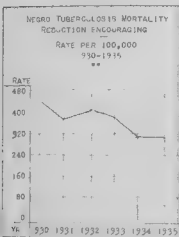
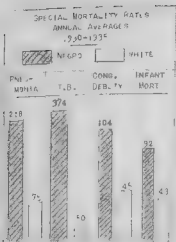
YEAR	TOTAL DEATHS	DEATH RATE	TOTAL BIRTHS	BIRTH RATE	INFANT MORTALITY RATE
1930	783	19.6	1061	26.5	102.7
1931	704	17.6	1026	25.7	95.5
1932	696	17.4	976	24.4	81.0
1933	726	18.1	911	22.8	91.1
1934	674	16.9	880	22.0	94.3
1935	693	17.3	873	21.8	84.8

DEATH RATES LOWERED

[IN THE SIX YEARS 1930-1935, THERE WAS A FAIRLY STEADY DECREASE IN THE NUMBER OF DEATHS AND THE DEATH RATES AMONG THE COLORED. IN 1930 THE CRUDE DEATH RATE WAS 19.6 PER 1,000 AS COMPARED WITH A RATE

OF 7.3 PER 1,000 IN 1935. THE AVERAGE ANNUAL DEATH RATE FOR THE PERIOD WAS 17.4 PER 1,000. THIS SHOWS A FAVORABLE PICTURE OF A LOWER RATE FOR A CLASS OF OUR POPULATION THAT MUST HAVE EXPERIENCED THE FULL FORCE OF THE DEPRESSION. THE COLORED DEATH RATE REMAINS, HOWEVER, CONSIDERABLY HIGHER THAN THE WHITE RATE, THE AVERAGE ANNUAL WHITE RATE FOR THE SIX YEARS BEING 10.3 PER 1,000. THE NEGRO, HOWEVER, QUICKLY BECOMES USED TO THE CONDITIONS IN THE NORTH, AND THERE IS A SURPRISING CHANGE IN THE FAMILY HABITS AFTER A RESIDENCE OF EVEN A YEAR IN THE NORTH.

UNFORTUNATELY, THE MOST FREQUENT DEATHS AMONG THE NEWLY ARRIVED FAMILIES WHEN THERE HAS BEEN LITTLE OR NO TIME FOR ACCLIMATION OR EDUCATION IN HEALTH HABITS BEFORE THE RIGORS OF WINTER HAVE TO BE FACED. THE NEGRO IS NOT A GOOD SUBJECT WHEN ATTACKED BY RESPIRATORY DISEASES OF THE NORTH, AND IT IS NOT SURPRISING, THEREFORE, TO FIND THE MORTALITY FROM TUBERCULOSIS AND PNEUMONIA ARE HIGH AMONG THEM.



THE FOLLOWING TABLE GIVES THE DEATH RATES AMONG THE COLORED AS COMPARED WITH THE WHITES FOR CERTAIN COMMON CAUSES OF DEATH FOR SIX YEARS, 1930-1935

DEATHS PER 100,000									
PNEUMONIA			TUBERCU-		CONGENITAL		INFANT		
			LOSIS		DEBIL TY		MORTAL TY		
Y.	CO.	WHT.	CO.	WHT.	CO.	WHT.	CO.	WHT.	
1930-	255.0	87.0	445.0	65.5	142.5	56.5	102.7	46.0	
1931-	242.5	89.7	387.5	56.4	122.5	50.8	9.5	44.3	
1932-	202.5	69.8	405.0	44.0	102.5	42.0	81.0	37.3	
1933-	222.5	73.9	387.5	50.0	102.5	34.0	9.9	36.0	
1934-	190.3	61.9	310.0	40.9	125.0	37.9	94.3	34.7	
1935-	192.5	67.0	310.0	41.5	87.0	50.3	84.8	50.6	

DEATHS FROM RESPIRATORY DISEASES
HIGH AMONG NEGROES 1930-1935

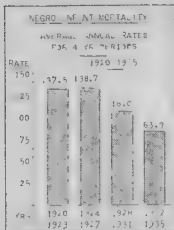
THE AVERAGE ANNUAL DEATH RATE FROM PNEUMONIA AMONG NEGROES FOR THE SIX YEARS WAS 217.5 PER 100,000 AS COMPARED WITH A WHITE DEATH RATE FOR THE SAME PERIOD OF 74.9. SIMILARLY A COMPARISON OF THE TUBERCULOSIS RATES OF THE NEGROES AND WHITES, SHOW A WIDE DISPARITY. THE ANNUAL AVERAGE TUBERCULOSIS RATE FOR SIX YEARS AMONG THE NEGROES WAS 374.1 PER 100,000. THE WHITE ANNUAL DEATH RATE FROM THE SAME CAUSE WAS 49.7 PER 100,000.

IN THE SIX YEARS UNDER REVIEW, THERE WAS A MARKED REDUCTION IN THE DEATH RATES FROM PNEUMONIA AND TUBERCULOSIS. THIS WAS PROBABLY DUE TO THE GENERAL CONCENTRATION OF EMPLOYMENT AMONG THIS CLASS, SO THAT THE WAGE EARNER REMAINED AT HOME AND WAS NOT EXPOSED TO THE VAGARIES OF THE WEATHER. IN SPITE OF FREQUENTLY, IF NOT GENERALLY OVERCROWDED QUARTERS, AND AT TIMES A LACK OF FOOD, THE COLORED FAMILY HAS SHOWN A REMARKABLE DECREASE IN THE DEATH RATE FROM TUBERCULOSIS DURING THE PERIOD, ALTHOUGH THE NEGRO RATE IS MORE THAN SEVEN TIMES AS HIGH AS THE WHITE RATE.

THE TUBERCULOSIS RATE FOR 1934 AND 1935 OF 310.0 PER 100,000 COMPARES WELL WITH THE RATE FOR THE YEAR 1930 OF 445.0 PER 100,000. THIS RESULT HAS FOLLOWED A VERY STRENUOUS CAMPAIGN FOR THE EARLY DIAGNOSIS OF TUBERCULOSIS. MANY CASES OF THIS DISEASE AMONG NEGROES ARE NOT DIAGNOSED UNTIL TOO LATE FOR ANY TREATMENT TO BE EFFECTIVE.

OUR RECORDS SHOW ALSO A HIGH PROPORTION OF CASES THAT WERE ALREADY INFECTED WITH THE DISEASE UPON THEIR ARRIVAL HERE, WITH THE RESULT THAT HEAVY WORK IN CLIMATIC SEVERITY PUT THE FINISHING TOUCHES TO A CONDITION THAT COMMENCED IN THE SOUTHERN HOME.

THERE IS GREAT NEED FOR BETTER INFORMATION AMONG THE COLORED WORKER SEEKING EMPLOYMENT IN THE NORTH, WITH EMPHASIS PLACED UPON THE FACT THAT ONLY THOSE FREE FROM RESPIRATORY DISEASES SHOULD BRAVE THE INCONVENIENCES OF THE WINTER SEASON.



THE AVERAGE ANNUAL INFANT MORTALITY RATE FOR SIX YEARS 1930-1935 WAS 91.7 PER 1000 LIVING BIRTHS. THIS COMPARES WELL WITH THE INFANT MORTALITY RATE FOR 1929 WHICH WAS 138.7 PER 1000 BIRTHS. THE PERCENTAGE OF REDUCTION OF INFANT DEATHS WAS GREATER AMONG THE COLORED THAN AMONG WHITE INFANTS DURING THIS PERIOD. THE RESULTS WOULD INDICATE A CONSIDERABLE IMPROVEMENT IN THE CARE OF INFANTS AND A MORE SUCCESSFUL EFFORT TO CARRY ON MATERNAL NURSING FOR THE FIRST FEW MONTHS OF LIFE.

IT MAY BE THAT THE UNEMPLOYMENT SITUATION OF THESE SIX YEARS CAUSED A GREATER NUMBER OF MOTHERS TO STAY AT HOME WITH CONSEQUENT BENEFIT TO THE INFANTS UNDER ONE YEAR. THE MORTALITY AMONG COLORED BABIES FROM CONTAGIOUS DISEASE WAS ALSO MUCH REDUCED IN THE SIX YEAR PERIOD UNDER REVIEW. BETTER PRE-NATAL CARE IS INDICATED BY THE GREAT REDUCTION IN CONGENITAL DEBILITY DEATHS FROM 142.5 IN 1930 TO 87.0 IN 1935.

HEALTH FACTS - 1917 TO 1935

YEARS	DEATHS UNDER 1 YR.	INFANT MORTALITY	BIRTHS	BIRTH RATE	DIARRHEA DEATHS UNDER 5 YR	T. B. DEATHS	T. B. DEATH RATE	DIPHTHERIA DEATHS	TYPHOID DEATHS	BRIGHT'S DIS. DEATHS	ORO. HEART DEATHS
1917	831	87.8	11824	29.1	315	820	202.5	50	17	698	599
1918	215	84.7	11575	27.0	331	798	185.6	82	15	629	633
1919	862	76.2	11297	25.7	295	637	144.8	50	9	504	529
1920	984	84.7	11734	28.3	244	540	130.4	62	8	507	492
1921	837	71.1	11705	27.5	210	446	104.9	44	12	417	510
1922	525	74.8	10993	25.4	167	428	99.1	73	12	346	640
1923	756	68.0	11110	25.3	133	406	92.5	34	11	340	727
1924	741	65.2	11449	25.7	132	392	87.9	39	12	399	729
1925	746	68.7	10852	24.0	129	378	83.4	42	5	343	850
1926	753	71.9	10460	22.7	128	421	91.5	21	7	331	948
1927	634	71.3	10010	21.5	82	387	82.9	62	6	266	1019
1928	621	63.8	9802	20.7	78	412	86.9	95	5	298	1002
1929	594	59.6	9975	20.7	52	441	91.8	96	5	258	1047
1930	512	52.3	9784	22.2	65	445	101.0	48	1	244	1005
1931	49	51.3	9506	21.4	36	412	92.4	16	2	224	980
1932	371	12.3	8746	19.4	16	360	80.0	2	4	242	958
1933	351	45.1	7897	17.6	18	388	85.8	1	2	228	1091
1934	342	45.2	7565	16.7	23	317	69.8	1	1	227	1082
1935	47	54.6	7638	16.8	24	316	69.4	1	0	201	1118

MORTALITY TRENDS SINCE 1894

YEAR	POPULATION	CRUDE DEATHS	CRUDE DEATH RATE PER 1,000	RATES PER 100,000			
				SCARLET FEVER	TYPHOID FEVER	DIPHTHERIA	TUBERCULOSIS (ALL FORMS)
1894	203,923	4,543	22.28	33.8	16.7		246.3
1895	215,725	4,655	21.57	16.2	23.2	126.6	225.3
1896	225,000	4,766	20.96	7.6	20.9	96.9	247.6
1897	230,070	4,010	17.43	23.5	14.3	59.6	223.0
1898	235,000	4,303	18.30	6.4	17.4	56.6	260.7
1899	240,000	3,237	18.90	14.2	25.0	51.7	260.0
1900	246,070	5,036	20.34	22.4	20.3	58.1	274.7
90	250,000	4,806	19.22	9.2	22.8	41.2	262.0
1902	255,000	4,943	19.38	8.0	8.4	41.2	258.8
1903	266,070	4,923	18.50	26.7	23.7	45.1	269.9
1904	272,000	5,378	19.77	44.1	14.7	55.1	284.9
90	283,233	5,025	17.74	15.9	4.1	38.8	275.7
1906	290,000	5,551	19.14	11.7	17.2	34.1	293.4
1907	300,000	5,724	19.08	13.7	23.0	31.7	285.7
1908	305,000	5,207	17.07	23.2	11.5	21.6	260.7
1909	311,000	5,529	17.77	22.5	12.5	38.8	245.6
1910	327,469	5,784	16.64	11.2	12.7	29.9	233.7
91	352,000	5,337	15.16	10.0	10.5	21.0	200.8
912	370,000	5,423	14.65	3.0	7.0	24.6	181.1
913	380,000	5,162	14.63	1.9	7.9	28.0	192.9
1914	395,000	5,809	14.70	6.8	6.6	10.4	171.1
915	375,000	5,382	14.30	1.6	2.9	13.1	215.5
1916	385,000	6,357	16.50	1.8	6.0	14.8	203.4
1917	405,000	6,205	15.30	0.7	4.2	12.3	202.5
1918	430,000	8,483	19.72	2.6	3.5	19.1	85.6
1919	440,000	5,534	12.57	2.7	2.0	11.3	44.8
1920	414,216	5,555	13.40	2.9	.9	14.9	130.4
1921	425,000	4,774	11.24	5.9	2.8	10.4	104.9
1922	432,070	5,209	12.06	3.5	2.8	6.9	99.1
1923	439,000	5,222	11.67	1.1	2.5	7.7	92.5
1924	446,000	5,004	11.22	1.8	2.7	8.7	71.9
1925	453,000	5,310	11.67	2.0	1.1	9.3	53.4
1926	460,000	5,450	11.85	1.3	1.5	4.6	91.7
1927	467,000	5,086	10.90	2.6	1.3	13.3	82.9
1928	474,000	5,512	11.63	1.3	1.0	20.0	86.5
1929	480,000	5,632	11.74	0.8	0.6	20.0	91.9
1930	480,000	5,233	10.92	0.7	0.2	1.1	01.1
1931	445,000	5,073	11.40	2.0	4.5	3.6	92.1
1932	450,000	4,682	10.40	0.7	0.9	0.5	80.0
1933	452,000	4,930	10.93	0.9	0.5	0.2	85.8
1934	454,000	4,764	10.49	0.4	0.2	0.2	19.6
1935	455,000	4,996	10.56	0.2	0.0	0.2	19.4

DEATH BY CAUSE FOR 1935
COMPARED WITH FIVE YEAR PERIOD 1930 TO 1934

THE FOLLOWING TABLE SHOWS THE TOTAL NUMBER OF DEATHS AND DEATH RATE PER 100,000 FROM EACH GIVEN CAUSE TOGETHER WITH THE PERCENTAGE EACH CAUSE CONTRIBUTED TO THE TOTAL.

	DEATH RATES		NO. OF DEATHS		PERCENTAGE OF TOTAL DEATHS	
	1930	1935	1930	1934	1935	1934
TOTAL, ALL CAUSES - - - - -	10.6	11.4	4996	25,475	100%	100%
INFANTILE PARALYSIS - - - - -	0.9	.2	4	5	.08	.02
TYPHOID FEVER - - - - -	--	.4	--	10	--	.04
MALARIA - - - - -	--	--	--	--	--	--
SMALLPOX - - - - -	--	--	--	--	--	--
MEASLES - - - - -	2.4	2.5	--	54	.24	.22
SCARLET FEVER - - - - -	0.2	0.7	1	1	.02	.06
WHOPPING COUGH - - - - -	4.8	1.9	22	42	.44	.1
DIPHTHERIA - - - - -	0.2	2.3	1	52	.02	.20
INFLUENZA - - - - -	3.1	6.2	14	133	.28	.55
EPIDEMIC MENINGITIS - - - - -	0.7	1.2	3	28	.06	.1
OTHER EPIDEMIC DISEASES - - - - -	2.0	--	9	--	.16	--
T. B. OF LUNGS - - - - -	62.2	74.1	283	1660	5.66	6.52
T. B. MENINGITIS - - - - -	2.4	3.6	11	81	.22	.32
OTHER T. B. - - - - -	4.8	7.0	22	156	.44	.6
CANCER, MAL. TUM. - - - - -	112.1	112.7	533	2526	10.68	9.42
SIMPLE MENINGITIS - - - - -	5.5	5.2	25	116	.50	.46
APoplexy - - - - -	66.8	71.3	304	1597	6.03	6.27
ORGANIC HEART DISEASE - - - - -	245.7	233.2	1118	5227	22.38	20.51
BRONCHITIS - - - - -	4.4	4.8	20	107	.40	.42
LOBAR PNEUMONIA - - - - -	53.0	56.2	241	1260	4.82	4.95
BRONCHO PNEUMONIA - - - - -	31.0	35.3	141	792	2.82	3.1
OTHER RESP. DISEASES - - - - -	20.7	16.1	94	360	1.88	.4
DISEASES OF STOMACH - - - - -	8.1	9.3	37	208	.74	.92
D. IARRHOEAL DISEASES - - - - -	5.3	5.4	24	120	.48	.47
APPENDICITIS & TYP. - - - - -	12.7	20.5	58	461	.6	1.81
HERNIA INTEST. OBS. - - - - -	10.3	14.9	47	334	.94	1.31
CIRRHOSIS OF LIVER - - - - -	10.8	7.9	49	177	.98	.69
BRIGHT'S DISEASES - NEPH. - - - - -	44.2	51.1	201	1150	4.02	8.61
DISEASES OF WOMEN - - - - -	4.4	4.0	20	90	.40	.35
PUERPERAL SEPTIC - - - - -	1.8	1.6	8	36	.6	.4
OTHER PUERPERAL CAUSES - - - - -	5.7	6.8	26	153	.52	.60
CONGENITAL DEF. E. I. - - - - -	58.0	50.3	264	1127	5.29	4.42
OLD AGE - - - - -	9.7	10.1	44	227	.89	.89
HEMOCIDE - - - - -	8.1	8.7	37	194	.71	.69
SUICIDE - - - - -	14.2	18.0	64	404	1.28	.76
ILL DEFINED CAUSES - - - - -	7.0	6.6	32	143	.64	.69
ALL OTHER CAUSES - - - - -	209.0	215.5	951	4830	19.04	18.91
ACCIDENTS - - - - -	60.9	70.3	277	1576	5.54	6.21

	1925	1924	1923	1922	1921	1920	1919	1918	1917	1916
ICONS. ALL CAUSES - - - - -	4991	4,2	5,28	4850	5,106	4,447	5,657	5,735	5,296	5,006
INFANTILE PARALYSIS - - - - -	4	--	2	--	10	1	3	4	6	1
TYPHOID FEVER - - - - -	--	1	2	4	2	1	3	5	6	7
MALARIA - - - - -	--	--	--	--	--	--	--	--	--	--
SMALLPOX - - - - -	--	--	--	--	--	--	--	--	--	--
MEASLES - - - - -	11	1	16	2	1	19	1	47	3	69
SCARLET FEVER - - - - -	1	2	4	3	9	3	4	6	12	6
WHOOPING COUGH - - - - -	22	6	6	10	21	10	15	21	31	16
DIPHTHERIA - - - - -	1	1	1	2	16	47	96	95	62	21
INFLUENZA - - - - -	14	25	33	34	27	14	79	36	23	23
EPIDEM. MENINGITIS, SPINAL - - -	3	2	3	4	10	16	25	14	8	4
OTHER EPIDEMIC DISEASES - - - -	9	--	--	--	--	--	3	5	3	1
TUBERCULOT. D. LGS - - - - -	233	285	336	325	362	378	378	376	335	368
TUBERC. OF MENINGITIS - - - - -	--	10	6	4	16	25	21	19	27	30
OTHER TUBERCULOSIS - - - - -	22	21	36	21	32	42	42	27	25	23
CANCER, SALIV. GLAND - - - - -	533	503	525	481	478	500	476	431	480	498
SIMPLE MENINGITIS - - - - -	25	17	24	22	35	29	29	35	36	16
HYDROCEPHALUS OF INF. OF BRAIN -	301	377	334	324	305	308	385	356	373	363
ORGANIC HEART DISEASE - - - -	118	1082	09	958	980	1006	1016	1032	1019	948
BRONCHITIS - - - - -	20	18	23	15	31	28	45	27	31	45
LOBAR PNEUMONIA - - - - -	241	224	261	232	307	282	386	404	312	394
BRONCHO PNEUMONIA - - - - -	1	36	162	163	92	69	246	228	167	281
OTHER RESPIRATORY DISEASES - -	31	80	63	93	89	61	77	74	78	79
DISEASES OF STOMACH - - - - -	37	28	38	50	49	54	44	40	36	43
DIARRHOEAL DISEASES UNDER 5 YRS -	24	23	18	16	36	45	52	78	82	128
APPENDICITIS AND TYPHILITIS - -	58	90	88	95	92	100	92	94	89	108
HERNIA - INTESTINAL OBSTRUCTION -	47	65	83	50	66	53	40	47	54	51
CIRRHOSIS OF LIVER - - - - -	49	34	27	45	54	44	52	17	42	37
BRIGHT'S DISEASE & NEPHRITIS - -	201	227	228	242	224	225	258	298	266	331
DISEASES OF WOMEN (NOT CANCER) - -	20	13	17	23	12	20	22	23	25	16
PUERPERAL SEPTICAEMIA - - - - -	8	7	5	3	3	16	12	14	14	9
OTHER PUERPERAL DISEASES - - - -	26	32	22	33	31	44	39	49	56	57
CONG. DEB. & ALFORD - - - - -	26	222	195	232	275	283	31	358	358	353
OLD AGE - - - - -	44	34	50	49	55	44	47	57	37	40
ACCIDENT - - - - -	277	294	315	277	318	375	394	354	334	304
HOMICIDE - - - - -	37	26	38	39	47	53	43	29	35	36
SUICIDE - - - - -	64	71	84	93	81	72	153	82	76	65
ILL DEFINED CAUSES - - - - -	32	27	37	20	15	28	17	4	24	28
ALL OTHER CAUSES - - - - -	951	957	972	876	1025	1053	968	899	731	799
CRUDE DEATH RATE PER 1,000 POP. 10.6		10.5	10.9	11.4	11.3	11.7	11.6	10.9	11.8	11.7

FINANCIAL STATEMENT

1920	1921	1922	1923	1924	1925
ANIMAL PERMITS - - - - -	2.40	1.10	1.50	1.90	6.30
ANTITOXIN SALES - - - - -	13.00	16.00	17.00	3.50	.00
BACTERIAL EXAMINATIONS - - - - -	896.50	909.50	836.50	740.50	370.40
DISPENSARY - - - - -	210.00	231.00	568.00	1499.00	24.00
CHICKEN PERMITS - - - - -	283.00	323.00	521.00	378.00	299.00
CHICKEN SLIGHTER HOUSE PERMITS - - - - -	2100.70	2370.00	1900.00	757.00	1730.00
FOOD HANDLERS LICENSES - - - - -	.00	.00	.00	.00	36302.00
ICE LICENSES - - - - -	1365.00	1267.50	1421.50	1398.00	1346.00
MILK LICENSES - - - - -	5649.00	7354.75	2093.50	6239.00	5626.50
PLUMBING PERMITS - - - - -	2806.00	3770.50	4248.00	1316.50	4702.50
PLUMBING LICENSES - - - - -	2800.00	3050.00	2640.00	2733.00	3010.00
PLUMBERS EXAM. FEES - - - - -	220.00	540.00	375.00	725.00	750.00
SUNDRIES - - - - -	51.36	29.24	76.11	111.36	80.11
	\$16,358.26	9,012.59	1,698.	9,935.16	51,494.9
LABORATORY - - - - -	42095.12	36349.08	10544.07	29509.52	2932.38
DISPENSARY - - - - -	11215.85	3718.95	3127.47	1559.63	787.16
VENEREAL - - - - -	25320.90	2968.81	33759.10	5907.02	6250.40
GENITAL - - - - -	24311.99	26166.81	18546.28	24756.79	19662.50
WINTER - - - - -	2367.54	3474.00	3547.17	10732.2	13025.13
WINTER - - - - -	6970.76	10047.24	7196.19	7669.59	8920.57
WINTER - - - - -	90750.28	93.9.72	20338.7	7869.10	50172.03
DISTRICT DOCTORS - - - - -	3013.57	3066.94	3025.38	3396.26	2726.25
CHILD HYGIENE - - - - -	7644.61	6000.00	10445.00	12854.07	10289.33
CHILD HYGIENE - - - - -	4367.12	10935.7	11,55.62	42725.38	40078.61
INFIRMARY - - - - -	5238.77	5011.22	6027.82	5765.17	5206.99
INFIRMARY - - - - -	3755.39	3971.81	2510.18	3980.75	3395.28
INFIRMARY - - - - -	12399.56	10172.98	5920.65	5065.77	4562.54
TUBERCULOSES - - - - -	20677.20	25,37.06	26003.60	24147.76	24002.12
TUBERCULOSES - - - - -	1323.74	2741.24	683.75	420.61	231.19
EXECUTIVE - - - - -	48679.49	51801.02	46241.86	40235.31	35851.15
EXECUTIVE - - - - -	4225.54	4168.85	10277.57	1035.55	9763.79
FOOD & DRUG - - - - -	76726.44	78275.62	81773.88	76841.67	75819.62
FOOD & DRUG - - - - -	7851.62	10907.65	6702.35	4719.50	5972.27
PLUMBING - - - - -	20299.76	27583.44	25873.00	23778.14	21575.20
PLUMBING - - - - -	505.45	511.81	523.98	387.02	531.25
CONTAGIOUS - - - - -	50149.32	53030.42	50705.28	43403.17	39585.19
CONTAGIOUS - - - - -	3063.63	13795.16	1576.03	4914.15	3539.50
PARCHAL SCHOOLS - - - - -	19394.83	19151.04	20678.23	10915.12	19255.14
PARCHAL SCHOOLS - - - - -	1771.3	1,57.02	5,4.71	1,1.71	153.35
TOTALS	\$5,466.64	27,1.98	573,6.321	553,304.52	510,562.74
					550,336.01

SANITARY DIVISION

WILLIAM H. YOUNG - ASST. HEALTH OFFICER.

THE FOLLOWING IMPORTANT EVENTS OCCURRED DURING THE YEARS 1900, 1905 AND 1910:

IN CONFORMITY WITH CITY ORDINANCE, EFFECTIVE SEPT. 1, 1930, EVERY DOMESTIC SERVANT IN THE CITY OF NEWARK, IS REQUIRED TO BE EXAMINED TWICE A YEAR AT OUR CLINIC BY A PHYSICIAN LICENSED TO PRACTICE MEDICINE IN THE STATE OF NEW JERSEY, AND TO ADVISE HIS OR HER SUPERVISOR A DOMESTIC EMPLOYEE CARD ISSUED BY THE OFFICE OF HEALTH.

THE FOLLOWING NUMBER OF DOMESTIC EMPLOYEE HEALTH CARDS WERE ISSUED DURING:

<u>1931</u>	<u>1932</u>	<u>1933</u>	<u>1934</u>	<u>1935</u>
2823	15,293	10,327	10,061	10,815

IN THE YEAR 1932, MANY COMPLAINTS WERE RECEIVED BY THE DEPARTMENT OF HEALTH CONCERNING THE PRACTICE OF KEEPING LIVE AND UNDER FEED CHICKENS IN BUTCHER SHOPS, WHICH IS A VIOLATION OF AN ORDINANCE TO REGULATE THE RAUGHT-HIGH POULTRY IN PRIVATE AND PUBLIC LAUNDRY HOUSES IN THE CITY OF NEWARK. SECTION 1922 OF THE SANITARY CODE ALSO PROHIBITS THE PLUCKING OF ANY CHICKENS WITHIN THE LIMITS OF ANY MARKET, PUBLIC OR PRIVATE, WITHIN THE CITY. VIGOROUS ACTION ON THE PART OF THE SANITARY DIVISION WITH THE AID OF THE COURTS, PUT AN END TO THIS ILLEGAL PRACTICE.

IN 1933, THE SANITARY DIVISION'S WORK WAS INCREASED BY THE INSPECTION OF CLINIC CASES. THE HEALTH CLINIC WERE TAKEN TO THE UTMOST BY FREE CLINICAL AND MEDICAL APPEALS FROM AN IMPROVERISHED PEOPLE AND OUR SANITARY INSPECTORS WERE KEPT BUSY ON INVESTIGATIONS TO WEED OUT ALL BUT WORTHY CASES.

DURING THE MONTH OF AUGUST OF THIS YEAR, 14 INSPECTORS OF THE SANITARY DIVISION, TOGETHER WITH THE CHIEF INSPECTION, WERE DETAILLED TO STOP THE INSANITARY PRACTICE OF A LARGE NUMBER OF PERSONS ENGAGED IN COLLECTING WASTE PAPER FROM GARBAGE AND RUBBISH RECEPTACLES ALONG CURBS, IN ALLEYS AND YARDS. ALSO TO STOP THE PRACTICE OF THE HOUSEWIVES USING THE STREETS, SIDEWALKS, CURBS, YARDS AND VACANT LOTS OR THE ROAD OF SORTING AND PACKING WASTE PAPER. THROUGH THE EFFORTS OF THIS DIVISION, 190 PERSONS WERE BROUGHT TO COURT AND WARNED TO DISCONTINUE THIS INSANITARY PRACTICE AT ONCE.

A NUMBER OF INSPECTORS WERE ALSO DETAILLED TO INSTRUCT BARBERS THROUGHOUT THE CITY RELATIVE TO THE PROVISIONS OF A RECENTLY ENACTED STATE BARBER ORDINANCE.

THE SANITARY DIVISION ALSO DETAILLED THREE INSPECTORS DURING THE SUMMER MONTHS TO PATROL THE PASSAIC RIVER TO PREVENT BATHING THEREIN, DUE TO THE POLLUTED CONDITION.

TOWARD THE END OF 1934, THE CITY SCORED A SIGNAL TRIUMPH BY THE ABOLITION OF THE OBNOXIOUS PIGGERY ON OUR OUTSKIRTS AFTER 5 YEARS OF LITIGATION ON THE PART OF THE HEALTH DEPARTMENT. THIS PIGGERY, A PROLIFIC SOURCE OF COMPLAINTS DUE TO THE PROFANATION OF MILLIONS OF PLEAS, INNUMERABLE RATS AND WILD FERRETS, WAS A CAUSE OF GROWTH ON THE SANITARY CLEANLINESS OF THE MUNICIPALITY AND ITS COMPLETION WAS THE PASTORAL. THE FIGHT FOR THE REMOVAL OF THIS PIGGERY INVOLVED A LONG DRAIN-OUT LEGAL BATTLE, BUT THE BENEFIT DERIVED FROM ITS TERMINATION MORE THAN REPAID THE CITY FOR ITS FRONT AND EXPENSE.

IN 1934, THIS DIVISION WAS SUCCESSFUL IN RELOCATING THE FILTHY AND GROSSLY INSANITARY CHICKEN MARKETS FROM THE CENTER OF THE CITY, NAMELY COMMERCE AND LAWRENCE STREETS, TO A NEW AND SANITARY BUILDING ON THE OUTSKIRTS OF THE CITY. THE ELIMINATION OF THESE PIGS AFTER A LONG PERIOD OF ANTI-RODENT EFFORT ON THE PART OF THE HEALTH DEPARTMENT, WON HIGH ACCLAIM FROM CIVIC-MINDED BUSINESS MEN OF THE COMMUNITY.

DURING NOVEMBER OF THIS YEAR, THE DIVISION CONCENTRATED ITS ACTIVITIES ALONG PRINCE STREET, TO COMPEL STOREKEEPERS AND PUSH-CART MERCHANTS TO DISCONTINUE LITTERING THIS STREET WITH GARBAGE AND REFUSE. SEVENTY-FIVE OF THESE MERCHANTS WERE CITED FOR A HEARING AND WITH THE CO-OPERATION AND THE CO-OPERATION OF THE GARBAGE COLLECTION DEPARTMENT, AN INSANITARY CONDITION THAT EXISTED FOR MANY YEARS AND MADE PRINCE STREET

A BY-WORD FOR UNCLE TOM'S, WAS GREATLY IMPROVED AND IS NOW RAPIDLY APPROACHING THE SANITARY LEVEL OF OUR AVERAGE STREET.

DURING THE YEAR, THE DUMPS ON THE NEWARK MEADOWS WERE CONSTANTLY UNDER THE SUPERVISION OF TWO INSPECTORS, WHO DISCOURAGED THE EFFORTS OF VAGRANTS IN CONSTRUCTING FLIMSY SHACKS WITHOUT NECESSARY CITY WATER SUPPLY OR PROPER TOILET ACCOMMODATIONS.

INSPECTIONS, NOTICES AND ABATEMENTS

	<u>1930</u>	<u>1931</u>	<u>1932</u>	<u>1933</u>	<u>1934</u>	<u>1935</u>
TOTAL INSPECTIONS	90595	73987	98731	94890	81506	80142
INSPECTIONS COMPLAINT CARDS	6818	4129	5601	5662	7369	7446
ORIGINAL INSPECTIONS	83751	69777	93100	89207	74007	72471
SPECIAL INSPECTIONS	26	61	30	21	133	225
NUMBER OF REINSPECTIONS	24573	27942	28642	28600	22632	21858
TOTAL NUMBER OF NUISANCES	20139	12661	15212	17909	17683	16589
NUMBER OF VERBAL NOTICES	6230	8058	9614	8004	6135	5593
WRITTEN NOTICES SERVED	5481	3458	3715	4608	5483	5392
SPECIAL NOTICES SERVED	37	0	16	16	2	1010
TOTAL NUMBER NOTICES SERVED	11748	11516	13345	12628	12220	11995
ABATEMENTS VERBAL NOTICES	6273	5389	6702	7722	5910	5723
ABATEMENTS WRITTEN NOTICES	6694	3850	4106	4958	5316	5703
ABATEMENTS SPECIAL NOTICES	5	0	9	15	1	226
TOTAL NUMBER ABATEMENTS	12972	9231	10217	12695	11336	11662

VIOLATIONS INCLUDE DEFECTIVE GUTTERS, ROOFS, MANURE VAULTS, SPITTING, SEWER AND WATER CONNECTIONS, LACK OF LIGHT, HEAT, OR VENTILATION, ETC., ETC.



COMMUNICABLE DISEASE DIVISION

OSCAR H. S. COLE, ACTING CHIEF -- DR. J. I. GARDA, MEDICAL CHIEF.

THE WORK OF THIS DIVISION INCLUDES THE RECEIVING OF ALL CONTAGIOUS DISEASE REPORTS, AND RECORDING SAME. CARE IS TAKEN AND MADE IN MOST DISEASES AND SUCH AS IN INFECTION SOUGHT. QUARANTINE IS ESTABLISHED AND ENFORCED BY REVIEWS, RELEASE GIVEN WHEN READY, AND PATIENTS HOSPITALIZED WHERE ISOLATION IS IMPOSSIBLE OR WILFULLY VIOLATED.

PROMISES ARE PLACARDED IN THE CASE OF SCARLET FEVER, DIPHTHERIA, TYPHOID FEVER, EPIDEMIC MENINGITIS, POLIOMYELITIS, SMALLPOX AND MEASLES. HOOPING COUGH PATIENTS WEAR ARM BANDS AND MAY NOT MINGLE WITH OTHERS OR ATTEND PUBLIC GATHERINGS.

REVISITS DEPEND ON NATURE OF THE DISEASE AND THE ACTIONS OF THE FAMILY.

STUDIES OF DISEASE PREVALENCE AND STATISTICS APPEAR ELSEWHERE IN THIS REPORT.

TOTAL NUMBER OF INSPECTORS VISITS. 1930 TO 1935 (INCLUSIVE)

1930	1931	1932	1933	1934	1935
25,798	21,425	24,889	36,166	38,613	37,618

MORBIDITY REPORT -- EACH YEAR 1930 TO 1935

(COMPARED WITH NORMAL FOR PREVIOUS 11 YEARS 1919 TO 1929)

DISEASE	NORMAL						
	1919-29	1930	1931	1932	1933	1934	1935
DIPHTHERIA - - - -	771	871	221	71	22	10	12
SCARLET FEVER - -	1011	1113	1175	981	767	641	643
TYPHOID FEVER - -	51	16	23	25	8	13	15
TUBERCULOSIS - - -	1014	1000	988	786	757	671	654
LOBAR PNEUMONIA -	1568	1101	1313	1094	1201	1014	1092
BRONCH " -	1096	715	991	698	943	860	912
EPIDEM. MENINGITIS	23	52	32	9	10	7	8
INFANT. PARALYSIS	20	4	108	4	42	6	49
HOOPING COUGH - -	2023	1131	3386	1307	1510	1764	2389
MEASLES - - - - -	3030	5675	508	1571	7398	491	6907
GERMAN MEASLES - -	264	365	94	97	153	1675	1069
CHICKENPOX - - - -	1613	1663	2650	1916	2045	2649	2630
MUMPS - - - - -	777	554	315	3227	989	165	1040
PUERPERAL FEVER -	22	11	9	5	2	6	7
DYSENTERY - - - -	9	5	4	1	2	3	2
TETANUS - - - - -	5	3	2	4	6	2	5
INFLUENZA - - - -	1462	182	876	551	740	421	259
GONORRHEA - - - -	955	1405	1317	1334	1236	1004	1061
SYPHILIS - - - - -	947	1960	2174	2149	2472	2564	1978



INDUSTRIAL HYGIENE DIVISION

ANDREW J. BRADY, CHIEF

THIS DIVISION HAS SUPERVISION OVER ALL NUISANCES AND CONDITIONS PREJUDICIAL TO HEALTH CAUSED BY INDUSTRY, SUCH AS SMOKE, FUMES, NOISE, VIBRATION, DUST, ETC., TOGETHER WITH INVESTIGATION OF INDUSTRIAL POISONING CASES. A PERMANENT RECORD OF EVERY INDUSTRIAL PLANT IS MAINTAINED TOGETHER WITH RECORD OF INSPECTION AND VIOLATIONS FOUND.

IN ADDITION TO THIS, OUR INSPECTORS MAKE VARIOUS TYPES OF INSPECTIONS RELATING TO SPECIAL EXPERIENCE AND TRAINING IN THE FOLLOWING: WEST BATHING, POST TOWN, CEMETERIES, POOLS, ETC., AS SHOWN BY FOLLOWING TABLE.

	1930	1931	1932	1933	1934	1935
TOTAL INSPECTIONS	4753	4588	6420	6155	3429	5441
COMPLAINT	201	223	172	184	254	235
ORIGINAL	4528	4365	6248	5971	3175	5183
SPECIAL	24	7	4	14	5	3
TOTAL REINSPECTIONS	2497	2117	1766	1453	1976	1859
VIOLATIONS FOUND	1444	700	540	582	573	874
WRITTEN NOTICES	656	431	342	546	349	518
VERBAL NOTICES	615	71	31	45	21	28
TOTAL NOTICES	1271	510	388	410	370	546
TOTAL ABATEMENTS	1159	487	393	392	387	1166
<u>INSPECTIONS</u>						
HOSPITALS	17	34	18	23	10	3
ORPHAN ASYLUMS	40	--	--	--	0	1
HOUSES FOR AGED	16	--	--	--	0	0
SCHOOLS & PLAYGROUNDS	5	--	--	--	3	41
LODGING HOUSES	33	--	--	--	--	24
JAILS	--	--	--	--	--	23
PUBLIC BUILDINGS	70	--	--	--	26	42
ICE PLANTS	--	--	--	--	11	21
CEMETERIES	4	0	4	3	1	0
MAUSOLEUMS	1	0	0	0	0	0
PUBLIC BATHS	175	239	312	301	221	205
SWIMMING POOLS	10	12	5	20	26	10
BADING POOLS	12	4	9	4	0	0
MOVIE THEATRES	180	--	0	0	139	175
OTHER THEATRES	109	--	0	0	19	8
DANCE HALLS	250	129	115	150	305	367
WORKSHOPS AND MILLS	3502	3809	5583	5575	2666	4267

PLUMBING DIVISION

CHARLES A. HALLGRIM, CHIEF INSPECTOR.

DURING THE PAST SIX YEARS, NEW PLUMBING WORK HAS BEEN AT THE LOWEST POSSIBLE POINT, NEW SYSTEMS FALLING FROM 595 IN 1930 TO 112 IN 1934 AND ONLY A SLIGHT INCREASE IN 1935. FOR THE PAST TWO YEARS, THE DIVISION HAS BEEN ENGAGED TO SPECIAL INVESTIGATION AND SURVEY WORK, INCLUDING CONTINUED INSPECTION OF FURNISHED ROOM HOUSES AND A SURVEY AND INSPECTION OF PROPER WASHING FACILITIES IN ALL TAVERNS AND SODA FOUNTAINS.

	1930	1931	1932	1933	1934	1935
PLANS APPROVED - NEW SYSTEMS - - - - -	595	574	195	125	112	134
PLANS APPROVED - OLD SYSTEMS - - - - -	788	1002	1083	1180	1276	1388
SEWER INSPECTIONS - - - - -	284	254	203	166	160	189
PLUMBING INSPECTIONS - - - - -	9566	7763	10853	12119	6900	8371
SPECIAL INSPECTIONS - - - - -	377	597	890	917	2871	2084
FINAL PLUMBING INSPECTIONS - - - - -	1365	952	1173	1364	1281	1464
WATER TESTS - - - - -	823	495	553	398	380	499
SMOKE TESTS - - - - -	396	94	159	46	40	83
PLUMBING PERMITS ISSUED - - - - -	1383	1376	1278	1305	1388	1522
SEWER PERMITS ISSUED - - - - -	261	254	113	91	62	104
RELAY SEWER PERMITS ISSUED - - - - -	80	113	108	95	82	84
CESSPOOL PERMITS ISSUED - - - - -	0	0	0	1	1	1
SEPTIC TANK PERMITS ISSUED - - - - -	0	0	3	4	1	1
COMPLAINTS RECEIVED - - - - -	99	112	506	750	648	584
VIOLATIONS NOTICES SERVED - - - - -	95	79	166	164	167	143
NOTICES COMPLIED WITH - - - - -	49	50	127	101	103	146
SUIT CASES INSTITUTED - - - - -	14	18	37	29	29	20
SUIT CASES DISCONTINUED - - - - -	10	12	15	19	12	12
PENALTIES FOR VIOLATIONS - - - - -	\$50.	\$100.	\$323.	\$190.	\$243.	\$75.
WORK ON COURT - - - - -	35	57	82	79	82	129
MATTER PLUMBER LICENSE EXAM. - - -	50	29	8	14	14	14
" " " " PASSED - - - - -	28	15	3	14	11	8
" " " " ISSUED - - - - -	484	494	485	474	485	464

FOOD & DRUG DIVISION

SAMUEL G. SHARRELL - CHIEF INSPECTOR.

FOLLOWING IS THE REPORT OF THE FOOD AND DRUG DIVISION FOR YEARS 1930 TO 1935
INCLUDING THE CHARTS AND DATE TYPE AND SCOPE OF WORK CARRIED OUT DURING THAT PERIOD BY
YEAR, TOGETHER WITH DATA AS TO OUR MILK AND CREAM SUPPLIES, RESULTS OF EXAMINATIONS ETC.

BEGINNING 1934 THE CITY PLACED A FEE OF \$1.00 FOR EACH SIX MONTHS FOOD HANDLER
LICENSE. THIS CAUSED NO DROP IN ENFORCEMENT, IN FACT, AS A RESULT OF A FARM ACHIEVING
1934, THE NUMBER IS NOW AVERAGING 35,000 EXAMINATIONS PER YEAR.

	1930	1931	1932	1933	1934	1935
<u>MILK CONTROL INSPECTION</u>						
PAST. PLANTS INSPECTED - - -	119	135	119	107	56	107
" " RE- " - - -	-	-	-	5	8	13
REC. " INSPECTED - - -	-	-	-	28	20	37
" " RE- " - - -	-	-	-	4	6	-
DAIRIES INSPECTED - - - -	3,763	4,873	5,292	3,618	2,797	3,665
DAIRIES RE- " - - - -	-	-	-	292	496	549
MILK PLANTS EXCLUDED - - -	2	9	7	10	8	4
DAIRIES EXCLUDED - - - -	132	145	132	199	470	210
MILK CONDEMNED (QTS) - - -	8,430	6,370	600	1,984	8,250	540

<u>CREAM CONTROL INSPECTION</u>						
PAST. PLANTS INSPECTED - - -	-	216	88	63	29	46
" " RE- " - - -	-	-	-	14	9	9
REC. " INSPECTED - - -	-	-	-	45	14	22
" " RE- " - - -	-	-	-	7	1	-
DAIRIES INSPECTED - - - -	-	1,019	3,169	6,469	3,587	4,404
DAIRIES RE- " - - - -	-	-	-	476	565	690
CREAM PLANTS EXCLUDED - - -	-	63	36	15	8	3
DAIRIES EXCLUDED - - - -	-	12	70	323	297	203
MILK CONDEMNED (QTS) - - -	-	1,120	120	8,890	6,728	3,320
CREAM CONDEMNED (QTS) - - -	-	-	-	2,880	800	-

<u>DAILY CONSUMPTION OF MILK</u>						
CERTIFIED RAW MILK (QTS) - -	3,000	2,000	2,416	3,037	580	1,010
A. PASTEURIZED (QTS) - - -	60,000	71,941	76,979	97,033	62,488	55,498
B. PASTEURIZED (QTS) - - -	190,000	156,479	131,971	166,358	165,252	167,174
TOTAL (QTS) - - -	253,000	228,830	211,366	266,428	228,320	223,682
PERCAP. CONSUMPTION (PTS)	1.10	1.03	.939	1.18	1.00	1.00

<u>CITY MILK & CREAM CONTROL</u>						
MILK BACTERIA SAMPLES - - -	2,332	2,645	3,216	3,117	3,128	3,225
ABOVE MAX NUM COUNT - - -	206	87	116	115	88	89
PRELIM. CHEM. SAMPLES - -	-	-	-	3,117	3,168	3,268
BELOW LEGAL STANDARD - - -	-	-	-	34	26	3
CHEM. SAMPLES TAKEN - - -	6,634	6,519	5,439	4,545	1,729	1,473
BELOW LEGAL STANDARD - - -	22	42	33	53	6	0
CREAM CHEM. SAMPLES TAKEN -	992	1,388	1,386	861	183	144
BELOW LEGAL STANDARD - - -	26	16	4	5	0	0

CITY FOOD AND DRUG INSPECTIONS

Types of Food Establishments	1930	1931	1932	1933	1934	1935
RESTAURANTS - - - - -	5,966	4,077	5,615	6,522	7,321	5,809
LUNCHEONETTES - - - - -	-	-	-	-	-	156
SODA LUNCH COUNTERS-DRUG STORES	-	-	-	-	-	118
DELICATESSEN-LUNCH ROOMS - - - -	-	-	-	-	13	2
CLUB RESTAURANTS - - - - -	-	-	-	-	-	141
CAFES-TAVERNS - - - - -	-	-	-	2,487	3,675	3,566
BAKERY-FG. PLANTS - - - - -	-	-	-	20	288	252
RETAIL STORES - - - - -	1,339	1,880	1,430	726	449	1,398
WHOLESALE DEALERS - - - - -	-	-	-	431	48	32
PACARONI PLANTS - - - - -	-	-	-	-	-	2
REPAIRS-RETAIL STORES - - - - -	-	-	-	267	24	2
CANDY-MFG. PLANTS - - - - -	-	-	-	9	16	94
RETAIL STORES - - - - -	1,303	1,754	1,871	1,335	1,812	2,567
WHOLESALE ESTABLISHMENTS - - - -	-	-	-	-	3	40
CHEWING GUM PLANTS - - - - -	-	-	-	-	-	1
GROCERIES-RETAIL STORES - - - - -	4,881	3,229	3,180	1,674	3,482	4,412
WHOLESALE PLANTS - - - - -	-	-	-	-	23	20
PRODUCE-RETAIL STORES - - - - -	422	170	171	118	551	683
WHOLESALE ESTABLISHMENTS - - - -	-	-	-	-	25	4
COMMISSION MERCHANTS - - - - -	-	-	-	-	-	1
DAIRY PRODUCTS-MFG. PLANTS - - - -	-	-	-	-	-	26
RETAIL STORES - - - - -	81	-	41	8	40	80
WHOLESALE PLANTS - - - - -	-	-	-	-	-	20
EGGS-BREAKING PLANT - - - - -	-	-	-	-	1	-
DRUGS-MFG. PLANTS - - - - -	-	-	-	-	4	81
RETAIL STORES - - - - -	267	345	286	184	407	487
WHOLESALE PLANTS - - - - -	-	-	-	-	-	4
SHELL FISH-RETAIL STORES - - - - -	50	72	230	133	11	7
WHOLESALE PLANTS - - - - -	7	12	10	10	-	10
ICE CREAM-MFG. PLANTS-NEWARK - - -	277	399	1,067	774	219	100
MFG. PLANTS-OUT OF CITY - - - - -	-	-	-	67	65	46
RETAIL STORES - - - - -	-	-	-	-	-	93
VENDORS - - - - -	-	-	-	-	-	33
DISTRIBUTORS - - - - -	-	-	-	-	-	2
FRUIT ICE PLANT - - - - -	-	-	-	-	1	8
NON-ALCOHOLIC BEV. PLANTS-NEWARK	160	383	430	100	115	156
OUT OF CITY - - - - -	-	-	-	33	37	4
LIQUOR-RETAIL STORES - - - - -	-	-	-	-	-	16
WHOLESALE ESTABLISHMENTS - - - -	-	-	-	-	1	58
FRUIT SYRUP PLANTS - - - - -	-	-	148	44	17	19
FOOD-MISC. MFG. PLANTS - - - - -	-	-	-	33	16	205
" RETAIL STORES - - - - -	252	395	50	1,203	146	46
" WHOLESALE PLANTS - - - - -	-	-	-	-	-	21
STANDS - - - - -	-	-	151	-	-	45
CONCESSIONS - - - - -	270	430	5	-	25	12
PACKING PLANTS - - - - -	-	-	-	-	-	17
VENDING VEHICLES - - - - -	66	-	-	162	117	74
COMMISSARIES - - - - -	-	-	-	-	-	8
FOODHANDLERS - - - - -	-	-	-	-	221	204
SPECIAL INVESTIGATIONS - - - - -	1,866	664	-	1,149	459	1,197
TOTAL	17,207	13,810	14,675	17,489	19,632	22,579

RESULTS OF MILK EXAMINATIONS

	CERTIFIED MILK			PASTEURIZED		ALL MILK
	4 STAN.	3.5 STAN.	AVER.	GRADE A	GRADE B	AVERAGE
<u>CHEMICAL</u>						
<u>910</u>						
SAMPLES - - - - -	-	-	110	1037	626	1773
FAT - - - - -	-	-	4.09	3.74	3.51	3.62
TOT. SOLIDS - - - - -	-	-	12.94	12.24	12.18	12.32
<u>911</u>						
SAMPLES - - - - -	-	-	137	1516	884	2547
FAT - - - - -	-	-	4.01	3.50	3.55	3.54
TOT. SOLIDS - - - - -	-	-	13.02	12.20	12.17	12.23
<u>912</u>						
SAMPLES - - - - -	-	-	173	1834	1063	3070
FAT - - - - -	-	-	4.11	3.51	3.49	3.54
TOT. SOLIDS - - - - -	-	-	13.12	12.40	12.16	12.36
<u>913</u>						
SAMPLES - - - - -	59	78	137	1850	1215	3202
FAT - - - - -	4.00	4.16	4.09	3.66	3.50	3.62
TOT. SOLIDS - - - - -	13.03	13.15	13.12	12.47	12.14	12.37
<u>914</u>						
SAMPLES - - - - -	62	78	140	1646	3050	4836
FAT - - - - -	3.99	4.09	4.04	3.83	3.61	3.70
TOT. SOLIDS - - - - -	13.17	13.12	13.12	12.75	12.30	12.48
<u>915</u>						
SAMPLES - - - - -	40	61	101	1454	1511	3066
FAT - - - - -	4.01	4.00	4.00	3.92	3.66	3.79
TOT. SOLIDS - - - - -	13.11	13.14	13.14	12.96	12.50	12.74
<u>BACTERIAL</u>						
<u>920</u>						
SAMPLES - - - - -	-	-	111	1063	640	1814
BACT. PER CC - - - - -	-	-	4,654	21,787	40,752	27,430
<u>921</u>						
SAMPLES - - - - -	-	-	148	1532	902	2582
BACT. PER CC - - - - -	-	-	5,290	10,234	13,363	11,043
<u>922</u>						
SAMPLES - - - - -	-	-	173	1834	1063	3070
BACT. PER CC - - - - -	-	-	2,200	7,500	9,300	7,824
<u>923</u>						
SAMPLES - - - - -	59	78	137	754	1233	3124
BACT. PER CC - - - - -	2,338	2,310	2,222	8,815	8,800	8,520
<u>924</u>						
SAMPLES - - - - -	62	78	140	1509	1478	3127
BACT. PER CC - - - - -	2,187	4,105	3,263	7,819	13,576	10,336
<u>925</u>						
SAMPLES - - - - -	40	61	101	1454	1511	3066
BACT. PER CC - - - - -	2,872	3,505	3,220	10,150	12,031	10,849

FOODHANDLER'S CONTROL REPORT

	1930	1931	1932	1933	1934	1935
FOODHANDLERS EXAMINED IN DEPT. OCCUPATIONAL CLINIC	18,162	17,624	17,041	18,266	25,536	22,602
FOODHANDLERS EXAMINED BY OUTSIDE PHYSICIAN	7,416	7,486	6,377	5,871	10,725	11,863
TOTAL	25,578	25,110	23,418	24,137	36,261	34,465



VETERINARY MEAT INSPECTION DIVISION

BERNARD J. DROLET, D. V. S. - CHIEF VETERINARIAN.

MEAT INSPECTION IS THAT BRANCH OF VETERINARY SCIENCE WHICH HAS TO DO WITH THE INSPECTION AND CONDEMNATION OF ALL MEATS, POULTRY AND FISH CONSUMED BY MAN.

MEAT INSPECTION IS DIVIDED INTO TWO MAJOR PARTS. THE FIRST IS ANT-MORTEM INSPECTION WHICH MEANS THE EXAMINATION OF CATTLE BEFORE THEY REACH THE SLAUGHTERING FLOOR. THE SECOND IS POST-MORTEM INSPECTION WHICH HAS TO DO WITH THE MINUTE EXAMINATION OF THE CARCASS AFTER THE ANIMAL IS SLAUGHTERED. THIS INVOLVES THE CHECKING OF ANIMAL EMBLASES BY THE EXAMINATION OF THE LYMPHATIC SYSTEM. POST-MORTEM INSPECTION IS VERY NECESSARY BECAUSE BY THIS METHOD WE CAN DETERMINE WHETHER OR NOT THE ANIMAL HAS BEEN SUFFERING FROM ANY COMMUNICABLE DISEASE TRANSMISSIBLE TO MAN.

MEAT INSPECTION ALSO COMPREHENDS THOROUGH INSPECTION OF THE ABOVE FOOD MATERIALS IN TRAFFIC, SUCH AS WHOLESALE AND RETAIL MEAT MARKETS, FISH MARKETS AND POULTRY MARKETS. MEAT INSPECTION ALSO SUPERVISES THE REGULATION OF THE ABOVE MARKETS AS TO THE HEALTH OF FOODHANDLERS, GENERAL CLEANLINESS OF THE SHOP, ITSELF, WORKMEN AND PROPER VENTILATION.

DISEASES COMMUNICABLE TO MAN FROM FOOD PRODUCING ANIMALS ARE MANY, AND ARE CHECKED BEFORE REACHING THE CONSUMER. A FEW OF THE MOST DANGEROUS DISEASES ARE ANTHRAX, TUBERCULOSIS, TRICHINOSIS, RABIES AND TAENIASIS (TAPEWORMS). MANY OTHER PARASITIC AND BACTERIAL DISEASES ARE ALSO IMPORTANT IN MEAT INSPECTION.

THE CAUSES OF DISEASE ARE MANY BUT THE MOST OUTSTANDING ARE BACTERIA WHICH ENTER INTO THE BODY THROUGH THE NATURAL OPENING AND SKIN AND MULTIPLY VERY RAPIDLY, DUE TO THE FACT THAT MEAT TISSUE IS THE GREATEST MEDIA FOR THE GROWTH AND MULTIPLICATION OF THESE GERMS.

MEAT INSPECTION, HYGIENE AND SANITATION ARE SUPERVISED BY THIS UNIT OF THE HEALTH DEPARTMENT FREQUENTLY AND JUDGING FROM THE FEW COMPLAINTS RECEIVED FROM THE GENERAL PUBLIC PROVES CONCLUSIVELY THAT OUR METHODS OF HANDLING THIS SITUATION ARE EFFICIENT.

IN THE CITY, ALL PERSONS ENGAGED IN THE HANDLING OF FOODSTUFFS MUST RECEIVE A MEDICAL EXAMINATION TWICE YEARLY. THIS ENABLES US TO HELP CONTROL COMMUNICABLE DISEASES TRANSMISSIBLE FROM MAN TO MAN AS WELL AS DISEASES COMMUNICABLE FROM ANIMAL TO MAN.

INSPECTIONS INCLUDE MILLIONS OF POUNDS OF MEAT AS WELL AS MANY THOUSANDS OF CARCASSES AND LIVE STOCK AND TONS OF SEA FOOD AND POULTRY. THESE INSPECTIONS ARE MADE AT THE SLAUGHTERHOUSE, IN BUTCHER SHOPS AND IN VARIOUS STAGES OF RETAIL. OVER HALF A HUNDRED CARCASSES AND THOUSANDS OF POUNDS OF MEAT AND POULTRY ARE CONDEMNED EACH YEAR.

INSPECTIONS	1930	1931	1932	1933	1934	1935
BUTCHER SHOPS	22,923	22,721	23,536	18,808	23,062	27,119
FISH STORES	1,290	1,365	1,445	3,264	3,296	4,847
BOLOGNA KITCHENS	477	460	498	674	728	1,336
POULTRY SLAUGHTERHOUSES	897	1,253	1,688	1,258	1,669	1,827
WHOLESALE BEEF HOUSES	3,680	3,720	3,981	3,931	6,668	6,306
" FISH "	902	971	1,074	1,122	1,389	1,207
" LIVE POULTRY "	790	764	892	981	1,922	1,548
DEPARTMENT STORES	860	870	862	1,208	1,278	1,261
PUBLIC MARKETS	70	180	172	696	1,004	1,136
COMMISSION HOUSES	260	281	241	266	316	528
REFRIGERATING PLANTS	40	38	51	62	64	64
INSTITUTIONAL MEAT	680	642	637	640	842	958
" ICE BOXES	-	-	-	-	252	454
ABATTOIRS	21	37	31	46	56	189
SPECIAL	96	117	46	122	762	518
BOLOGNA STAMPINGS MADE	331	410	396	461	523	664
HIDES (POUNDS)	-	-	-	-	90,000	-



CITY DISPENSARY

OSCAR STEVENS, CHIEF PHARMACIST --- MELVINA RYAN, R.N., SUPERVISING NURSE.

THE CITY DISPENSARY PROVIDES TREATMENT FOR INDIGENT NEWARK RESIDENTS FOR PRACTICALLY EVERY KNOWN PHYSICAL CONDITION. IT ALSO PROVIDES FREE PRESCRIPTIONS AND HOME VISITS TO BLENDING PATIENTS. THE DEPRESSION YEARS NATURALLY GREATLY INCREASED DEMANDS FOR RELIEF, WITH TOTAL TREATMENTS NEARLY DOUBLE FROM 33,859 TO A PEAK OF 289,455 IN 1933. THE RECORDS FOR 1934 AND 1935 SHOW A CONSIDERABLE DROP, BUT DUE, NOT TO IMPROVED CONDITIONS, BUT TO THE FACT THAT THE STATE FERRA TOOK OVER MEDICAL RELIEF FOR THOSE PATIENTS RECEIVING ACTUAL RELIEF DURING PART OF 1934 AND ALL OF 1935. MANY TYPES OF TREATMENT ARE STILL AVAILABLE AT OUR DISPENSARY FOR THOSE WHO ARE NOT ELIGIBLE FOR STATE RELIEF. THE ACTUAL STATUS OF THE PATIENTS RECEIVING MEDICAL RELIEF IS NOT CONSIDERED CAUSE FOR "STATE RELIEF TREATMENT" SO THAT OUR TREATMENTS IN THOSE CLINICS DID NOT REDECE.

IN ADDITION TO THIS TYPE OF SICK RELIEF, THE DISPENSARY SUPERVISED OTHER TYPES OF SPECIAL WORK INCLUDING THE BOTTLING AND DISTRIBUTION OF FREE COD LIVER OIL TO BABY STATIONS, NURSING HOMES, SCHOOLS AND FAMILIES. IN 1933, STARTING WITH 670 BOTTLES (8 OZ.) IN 1933, THIS INCREASED TO OVER 15,000 IN 1934 AND 34,686 IN 1935. IT IS FELT THAT THE INCREASED USE OF COD LIVER OIL IN THIS GROUP HAS AIDED IN OFFSETTING THE ILLEFFECTS OF LOWER FOOD BUDGETS, BY INCREASING RESISTANCE TO COLDS AND OTHER AILMENTS. THE DISTRIBUTION OF FREE BIOLOGICALS IS ANOTHER IMPORTANT ACTIVITY, ESPECIALLY DURING 1931 AND 1935 WHEN THE STATE SUPPLIED RELATIVES TO THE STATE REPORTING AND AFFIRMING BY PHYSICIAN. THESE BIOLOGICALS INCLUDE INSULIN, TOKOID, TOXIN ANTITOXIN, SCHICK TEST MATERIAL, VACCINE, ETC. IT IS OF INTEREST TO NOTE THAT INSULIN, SO NECESSARY AT A HOSPITAL AS TO SUPPLY A CLINIC, COST FROM \$270. IN 1930 TO \$143 IN 1933, BEFORE A LITTLE IN 1934 TO \$594 AND BEFORE A BIGGER DROP TO \$278 IN 1935. DUE TO THE FALL IN PRICE, THIS WAS PRACTICALLY THE ONLY SAVING IN DISPENSARY COST, BROUGHT ABOUT BY THE EFFECT OF TREATMENT BY THE STATE. THE FOLLOWING CHART SHOWS TREATMENT, FOR EACH CLINIC FOR THE SEVERAL YEARS, AS WELL AS NUMBER OF DIFFERENT PATIENTS AND NUMBER OF PRESCRIPTIONS FILLED.

CLINIC ATTENDANCE TREATMENT PER YEAR, 1930-1935

	1930	1931	1932	1933	1934	1935
MEDICAL - - - - -	12129	15408	26141	33013	21427	17349
CHLORINE - - - - -	5862	7435	9783	11096	7787	4338
SURGICAL - - - - -	13990	15551	20942	23914	17296	8703
GENITO-URINARY - - - - -	12696	16319	22299	23541	18695	18934
GYNACOLOGICAL - - - - -	2218	2710	3857	3241	2094	1407
CYSTOSCOPIC - - - - -	45	22	77	"	"	"
KIDNEY - - - - -	6950	9643	11628	11829	8326	7079
RECTAL & G.E. - - - - -	2475	4104	3935	4362	4130	3373
SYPHILIS-MALE - - - - -	29347	40518	56676	62750	61011	57637
SYPHILIS-FEMALE - - - - -	24242	32933	46078	55651	72479	68461
EYE, EAR, NOSE & THROAT - - - - -	3103	4695	6557	"	"	"
ORTHOPEDIC - - - - -	4181	4588	5255	6336	5682	4102
DENTAL - - - - -	6190	10791	17369	29218	22360	11590
PRENATAL - - - - -	1840	2214	2592	"	"	"
CARDIAC - - - - -	330	384	500	708	754	637
NEURO-PSYCHIATRIC - - - - -	1569	1973	2234	2133	2067	1939
ESSEX CO. HOSPITAL - - - - -	401	404	528	472	411	536
NERVOUS DISEASES - - - - -	1956	2750	3487	3623	3754	3291
METABOLIC - - - - -	2384	3364	4934	4865	4544	5026
VACCINATION - - - - -	"	190	2927	2645	2295	2085
VACCINATION - - - - -	781	8417	1329	1092	44	27
ALPINE LAMP - - - - -	"	2571	2488	3766	1487	943
WOUND & FURUNCLE TREATMENT - - - - -	"	"	1808	108	203	2327
HERNIA - - - - -	"	"	"	"	"	287
TOTAL - - - - -	33859	13187	256045	289456	263255	220868
NEW CASES - - - - -	28645	35217	"	51752	34504	21801
PATIENTS REF. TO HOSPITAL - - - - -	2866	3454	3865	1514	1513	1223
PRESCRIPTIONS FILLED - - - - -	168956	257230	294884	353581	238170	158616

INCLUDED WITH G.U. DISCONTINUED (NOW AT EYE & EAR INFIRMARY) REPORTED BY CITY HOSPITAL PRE-NATAL BUREAU

TUBERCULOSIS DIVISION

DR. W. J. FINE, DIRECTOR.

DECREASING RATES

HERBERT S. SUBMITTED THE REPORT OF THE TUBERCULOSIS DIVISION FOR THE YEARS 1929 TO 1935 INCLUSIVE. THE DECLINE IN THE MORBIDITY AND MORTALITY RATES FROM PHTHISIS HAS CONTINUED STEADILY. SINCE 1920, THE MORBIDITY RATES AMONG WHITE RESIDENTS OF NEWARK HAS BEEN REDUCED BY 75%, FALLING FROM 400 TO 105. THE RATES AMONG OUR COLORED CITIZENS, ALTHOUGH STILL DIFFERENTIALLY HIGH, HAVE FALLEN FROM 182 IN 1920 TO 540 LAST YEAR - A REDUCTION OF MORE THAN 50%. THE DEATH RATE HAS LIKEWISE DIMINISHED IN BOTH GROUPS, BEING REDUCED BY MORE THAN A HALF IN THE WHITE, AND BY MORE THAN A QUARTER IN THE COLORED. EVEN IN THE LAST SIX YEARS, AND IN SPITE OF THE SOCIAL AND HYGIENIC EFFECTS OF THE ECONOMIC DEPRESSION, THE INCIDENCE OF TUBERCULOSIS, AND FREQUENCY OF TUBERCULOUS DEATHS, HAVE SHOWN GREAT FLYING DECLINE. AMONG THE COLORED, WHO ARE MORE SEVERELY AFFECTED BY THIS DISEASE THAN THE WHITE FOLLOW-UP - CITIZENS, THE DEATH RATE HAS FALLEN MORE IN THE LAST SIX YEARS (FROM 4.8 TO 3.0) THAN IN THE PRECEDING TEN (FROM 4.70 TO 4.38). MORBIDITY AND MORTALITY RATES REPRESENT THE INDICES, WHEREBY THE ADEQUACY OF A HEALTH DEPARTMENT CAN MOST EFFECTIVELY BE MEASURED; AND BY THESE STANDARDS, THE TUBERCULOSIS DIVISION IS ABLE TO REPORT AN ADEQUATE FULFILLMENT OF THE SPECIFIC DUTIES IMPOSED ON IT.

DIVIDING ACTIVITIES

THE TUBERCULOSIS DIVISION IS PLEASED TO REPORT AN INCREASE IN ITS ACTIVITIES. IN SPITE OF THE REDUCTION OF SOME OF THE PRACTISING PHYSICIANS TO PERMIT OUR NURSES TO VISIT THE 2 PRIVATE PATIENTS, THERE HAS BEEN AN INCREASE IN THE NUMBER OF SUCH VISITS, AMOUNTING TO 10% OVER THE PREVIOUS YEAR. INCREASES HAVE LIKEWISE BEEN NOTED IN THE NUMBERS OF PULMONOSCOPIC EXAMINATIONS PERFORMED, ARCHBISHOP SCHOOL CHILDREN EXAMINED, AND IN THE ATTENDANCE AT THE HAY FEVER AND ASTHMA CLINIC. THE NUMBER OF WANTOX TESTS PERFORMED IN THE PAROCHIAL SCHOOLS HAS INCREASED BY 70%.

AMONG THE NEW ACTIVITIES, INITIATED IN 1935, MAY BE MENTIONED THE INTRODUCTION OF WANTOX TESTS IN OUR PAROCHIAL SCHOOL CLINIC AND THE EXAMINATION OF TAXI-DRIVERS. AMONG THE (1) DRIVERS EXAMINED, ALL WERE FOUND FREE FROM TUBERCULOSIS. THIS NUMBER OF WANTOX TESTS (ABOUT 3000 IN 1935 COMPARED WITH 200 IN 1934) IS PART OF OUR PROGRAM FOR THE PROMPTER DIAGNOSIS OF EARLY TUBERCULOSIS IN CHILDREN. EXAMINATIONS AT THE FOUR INSTITUTIONAL CLINICS (OMO, FARMINGDALE, ZEPHRA AND GLEN GARDNER) ALL SHOWED AN INCREASE AS COMPARED WITH 1934.

AT THE TIME OF THE LAST REPORT (1929) THE MORTALITY AND MORBIDITY RATES WERE 92 AND 209 RESPECTIVELY. IN THE INTERVENING SIX YEARS, THESE HAVE FALLEN TO 69 AND 44 RESPECTIVELY IN EACH CASE, A FALL OF ABOUT ONE-THIRD. THIS, AS WE HAVE INDICATED, IS PROBABLY THE BEST SINGLE MEASURE OF THE SERVICE TO THE COMMUNITY, PERFORMED BY THE DIVISION. IT IS INTERESTING TO NOTE THAT IN 1931, ABOUT 75% OF THE DEATHS OCCURRED IN AFRICAN-BORN PATIENTS. IN 1935, HOWEVER, ONLY ABOUT 67% OF THE DEATHS WERE IN NATIVES OF THIS COUNTRY. SINCE OUR EDUCATIONAL PROGRAM IS PRESUMABLY LIKELY TO BE MORE EFFECTIVE AMONG NATIVE-BORN THAN AMONG FOREIGN-BORN, THIS GREATER DECREASE IN DEATHS AMONG THE FORMER IS SUGGESTIVE OF THE EFFECTS OF THIS CAMPAIGN.

SINCE 1933, WE HAVE KEPT RECORDS OF REPORTED CASES CLASSIFIED ACCORDING TO CLINICAL STATUS OF INVOLVEMENT. THE PROPORTION OF PULMONARY CASES HAS REMAINED PRACTICALLY THE SAME, BEING 91% IN 1933, 93% IN 1934 AND 89% IN 1935.

WE HAVE ANALYZED OUR CASES THIS YEAR, ACCORDING TO THE SOURCE OF REPORT. THE TWO LARGEST SOURCES ARE HOSPITALS AND PRIVATE PHYSICIANS, EACH ACCOUNTING FOR ABOUT 35% OF THE CASES, WHILE 16% OF THE REPORTS CAME FROM THE TUBERCULOSIS CLINIC.

EARLIER REPORTING

ONE OF OUR DIFFICULTIES HAS BEEN TO GET CASES REPORTED TO THE DIVISION EARLY ENOUGH TO PERMIT ACTIVE THERAPY. AS A MEASURE OF THE EFFECTIVENESS OF THIS EFFORT, WE HAVE EXAMINED THE PROPORTION OF FATAL CASES REPORTED FOUR YEARS OR LONGER BEFORE THE PATIENT'S DEATH. THIS PROPORTION HAS SHOWN A SLIGHT BUT DEFINITE INCREASE DURING THE LAST THREE YEARS. THIS IN 1933, 82% OF THE FATAL CASES WERE REPORTED FOUR OR MORE YEARS PRIOR TO THE PATIENT'S DEMISE; IN 1934, THIS HAD RISEN TO 10%, AND IN 1935 TO ALMOST 15%. CORRESPONDINGLY, THE RATIO OF

CASES REPORTED LESS THAN A YEAR PRIOR TO THAT, HAS FALLEN FROM ALMOST 59% OF THE FATAL CASES IN 1933 TO LESS THAN 53% IN 1935.

IN CONCLUSION, WE WISH TO ANSWER THE QUESTION THAT THE PUBLIC, RIGHTFULLY MUST PUT TO US - WHAT HAS RESULTED FROM THE WORK OF THE TUBERCULOSIS DIVISION? WE POINT TO THE TUBERCULOSIS MORTALITY RATE FOR LAST (1929) YEAR - WHICH WAS 209.4, AND TO THE RATE LAST YEAR, WHICH WAS 143.7. THIS DECLINE - AMOUNTING TO 29% IN FIVE YEARS, SPEAKS FOR ITSELF.

SCHEDULE A -- TUBERCULOSIS MORTALITY RATE - BY AGE GROUP.

YEAR	POPULATION		REPORTED CASES		DEATHS		MORBIDITY RATE		DEATH RATE	
	WHITE	COLORED	WHT	COL	WHT	COL	WHT	COL	WHT	COL
1930	402,000	38,000	681	509	262	73	169.4	813.0	75.1	418.4
1931	405,000	40,000	693	289	25	155	17.2	722.0	62.0	387.6
1932	410,000	40,000	532	245	95	15	29.7	624.2	47.6	122.5
1933	412,000	40,000	513	230	227	54	125.5	571.0	55.1	365.0
1934	414,000	40,000	447	217	186	24	107.9	542.5	44.9	310.0
1935	415,000	40,000	431	220	189	124	104.8	540.0	45.5	310.0

SCHEDULE B -- TUBERCULOSIS MORTALITY RATE - BY SEX.

YEAR	POPULATION	NO. DEATHS	CASES REPORTED	MORTALITY	MORBIDITY
1929	480,000	441	1005	91.7	209.4
1930	440,000	445	1000	101.1	227.3
1931	445,000	410	988	92.2	221.1
1932	450,000	360	785	80.0	174.4
1933	452,000	388	757	85.8	167.5
1934	454,000	316	670	69.6	147.6
1935	455,000	316	654	69.5	143.7

SCHEDULE C -- TYPE OF DIVISIONAL WORK.

	1935	1934
VISITS BY NURSES - - - - -	13,706	
INVESTIGATIONS " - - - - -	3,997	
TOTAL - - - - -	17,703	14,978
FOOD HANDLERS EXAMINED - - - - -	22,635	25,937
ADULTS & CHILDREN (WHITE) - - - - -	5,501	5,863
" (COLORED) - - - - -	3,618	4,095
FLUOROSCOPIC EXAMINATIONS - - - - -	1,879	1,766
CAMP CHILDREN EXAMINATIONS - - - - -	1,563	1,997
PAROCHIAL SCHOOL CHILDREN EXAMINED - - - - -	1,552	1,345
PNEUMOTHORAX TREATMENTS - - - - -	1,333	1,103
CUTLER CLINIC - - - - -	739	640
CARDIAC CLINIC - - - - -	637	854
FOOD HANDLER RE-EXAMINATIONS - - - - -	43	586
ROMBOURD CLINIC - - - - -	285	356
MAY FEVER & ASTHMA CLINIC - - - - -	276	200
DOMESTIC RE-EXAMINATIONS - - - - -	267	247
NIGHT CLINIC - - - - -	76	80
TAXI DRIVERS EXAMINED - - - - -	61	-
WATER-SHED MEN EXAMINED - - - - -	53	66
VANTOLX TESTS (PAROCHIAL SCHOOLS) - - - - -	1,980	1,123
" (CLINIC) - - - - -	885	
NO. SERUMS (TB AND GOLD) - - - - -	211	553
NO. EXAMINED GLEN GARDNER CLINIC - - - - -	800	752
NO. EXAMINED VERONA CLINIC - - - - -	741	737
NO. EXAMINED FARMINGDALE CLINIC - - - - -	34	30
NO. EXAMINED SOHO CLINIC - - - - -	9	

DIVISION OF CHILD HYGIENE

DR. JULIUS LEVY, DIRECTOR.

INFANT MORTALITY (CHART I)

THE PERIOD, 1930-1935, SHOWS VERY LITTLE VARIATION IN THE INFANT MORTALITY RATE FOR THE CITY OF NEWARK. ALTHOUGH THIS RATE DROPPED FROM 52.1 IN 1930 TO 42.2 IN 1932, IN 1935 THE RATE INCREASED TO 54.6.

THE TOTAL DEATHS UNDER ONE YEAR IN 1935 WERE 417, WHILE SIX YEARS AGO THERE WERE 512. IF THE INFANT MORTALITY RATE OF SIX YEARS AGO, WHEN IT WAS 52.1, HAD CONTINUED DURING THE PERIOD, 1930-1935, 584 MORE BABIES WOULD HAVE DIED.

THE INFANT MORTALITY RATE IS NOT UNIFORM THROUGHOUT THE CITY, THE VARIOUS WARDS SHOWING CONSIDERABLE DIFFERENCES. ONE MUST BE CAREFUL IN MAKING COMPARISONS BETWEEN WARDS, DUE TO THE MIGRATORY CHARACTER OF THE POPULATION IN SOME WARDS AND THE PREPONDERANCE OF THE COLORED POPULATION IN OTHERS. (CHART II)

NEO-NATAL MORTALITY (CHART I)

THE NEO-NATAL MORTALITY RATE (DEATHS UNDER ONE MONTH PER 1,000 BIRTHS) FOR THE CITY OF NEWARK HAS REMAINED PRACTICALLY CONSTANT FOR THE SIX-YEAR PERIOD, 1930-1935, SHOWING A SLIGHT INCREASE, HOWEVER, IN THE LAST YEAR, 1935.

BIRTHS (CHART I)

THE TOTAL BIRTHS IN NEWARK HAVE BEEN STEADILY DECLINING SINCE 1930, WHEN THERE WERE 9,824, TO 1935, WHEN THERE WERE 7,638. THE BIRTH RATE HAS DROPPED FROM 22.3 IN 1930 TO 16.8 IN 1935.

THE PERCENTAGE OF WOMEN DELIVERED AT HOME HAS DECREASED FROM 33.7% IN 1930 TO 20.5% IN 1935, WHILE THE PERCENTAGE OF WOMEN DELIVERED IN HOSPITALS HAS INCREASED FROM 66.3% IN 1930 TO 79.5% IN 1935. OF THE WOMEN DELIVERED AT HOME THE PERCENTAGE DELIVERED BY MIDWIVES HAS DECREASED FROM 15.2% IN 1930 TO 6.7% IN 1935.

COLORED MORTALITY

THE PERCENTAGE OF COLORED BIRTHS HAS INCREASED FROM 10.8% IN 1930 TO 11.4% IN 1935. ALTHOUGH THE PERCENTAGE OF TOTAL BIRTHS COLORED IN EACH WARD OF THE CITY VARIES FROM WARD TO WARD, THE PERCENTAGE IN EACH WARD REMAINS FAIRLY CONSTANT FROM YEAR TO YEAR. THE HIGHEST PERCENTAGE OF COLORED BIRTHS OCCURS IN WARD #3, WHERE MORE THAN 60% OF THE TOTAL BIRTHS IN THE WARD IS COLORED.

THE INFANT MORTALITY RATE FOR THE COLORED HAS DECREASED CONSIDERABLY IN THE PERIOD, 1930-1935, HAVING BEEN 102.7 IN 1930 AND 84.8 IN 1935.

THE NEO-NATAL RATE FOR COLORED BABIES, THAT IS, THE DEATHS UNDER ONE MONTH, ALSO HAS DECREASED FROM 52.7 IN 1930 TO 38.9 IN 1935.

CAUSES OF DEATH

UNDER ONE YEAR (CHART II)

DURING THE PERIOD, 1930-1935, THERE HAS BEEN A GRATIFYING REDUCTION IN THE DEATHS ASSOCIATED WITH BRONCHITIS AND PNEUMONIA, THE SPECIFIC RATE FOR THESE DISEASES HAVING DROPPED FROM 0.4 FOR THE PERIOD, 1930-31, TO 0.6 IN THE PERIOD, 1934-1935. THE ONLY INCREASE IN THE MORTALITY RATE OCCURRED IN THE GROUP OF DEATHS CLASSIFIED UNDER EARLY INFANCY, CONGENITAL DEFECTS, PREMATURE, WHERE THE RATE ROSE FROM 28.5 IN THE PERIOD, 1930-33, TO 31.9 IN THE PERIOD, 1934-35, WHICH PLACES THE DEATH RATE FROM THIS GROUP OF DISEASE AT PRACTICALLY THE SAME LEVEL AS IT WAS TEN YEARS AGO. WE HAVE REPEATEDLY TAKEN THE OCCASION TO POINT OUT THAT THERE HAS BEEN VERY LITTLE REDUCTION IN NEO-NATAL MORTALITY.

NURSES' ACTIVITIES (CHART V)

IN 1930 THE NURSES SUPERVISED 48.6% OF THE BABIES BORN IN NEWARK DURING THAT YEAR, WHILE IN 1935 THEY SUPERVISED 53.7% OF THE BABIES BORN THAT YEAR. THE TOTAL NUMBER OF BABIES SUPERVISED BY THE NURSES, WHICH INCLUDES BABIES CARRIED OVER FROM THE PREVIOUS YEAR, HAS INCREASED FROM 8,437 IN 1930 TO 12,948 IN 1935. THIS INCREASE IS DUE PARTLY TO THE FACT THAT SINCE 1934 THE NURSES HAVE BEEN SUPERVISING CHILDREN FROM BIRTH TO THEIR FOURTH YEAR, WHERE FORMERLY THEY SUPERVISED CHILDREN FROM BIRTH TO THEIR SECOND YEAR. VISITS ARE

MADE BY THE NURSES TO BABIES ONCE A WEEK FOR THE FIRST MONTH OF LIFE, ONCE A MONTH FOR THE NEXT FIVE MONTHS, AND ONCE EVERY THREE MONTHS FOR THE NEXT THREE YEARS. MOTHERS ARE INSTRUCTED FIRST, IN THE IMPORTANCE OF KEEPING THEIR BABIES UNDER PROPER MEDICAL SUPERVISION AND SECOND, IN THE PRINCIPLES OF HYGIENE AND MANAGEMENT. BABY-KEEP-CELL STATIONS ARE CONDUCTED FOR MOTHERS WHO CANNOT AFFORD TO KEEP THEIR BABIES UNDER THE SUPERVISION OF PRIVATE PHYSICIANS.

PHYSICAL OF CHILDREN
(CHART V)

ALL CASES OF OPHTHALMIA ARE FOLLOWED UP CLOSELY, WITH THE NURSE IS SATISFIED THAT THE MOTHER IS GIVING PROPER CARE TO THE CHILD AND THAT THE EYES ARE MAKING SATISFACTORY PROGRESS, MOTHERS ARE REQUIRED TO RECEIVE INSTRUCTION IN THE CARE AND TREATMENT OF THE EYES FROM A PHYSICIAN. ACCORDING TO OUR RECORDS THERE HAS BEEN NO BLINDNESS FROM OPHTHALMIA OF THE NEWBORN AMONG REPORTED CASES FOR 15 YEARS.

BOARDING INFANTS

ALL WOMEN WHO RECEIVE MONEY FOR BOARDING CHILDREN ARE REQUIRED TO BE LICENSED BY THE DEPARTMENT OF HEALTH, AS THE HOME MUST MEET THE STANDARDS AND REQUIREMENTS OF THE DEPARTMENT BEFORE THEY ARE LICENSED. BOARDING HOMES ARE CLASSIFIED UNDER THE SUPERVISION OF THE CHILD HYGIENE NURSE IN THE DISTRICT AND ARE VISITED AT LEAST ONCE A MONTH. BOARDING HOME MOTHERS ARE INSTRUCTED IN THE GENERAL CARE, MANAGEMENT, AND FEEDING OF CHILDREN, AND ARE TOLD TO BRING THE BABIES TO THE BABY-KEEP-CELLS ONCE A WEEK FOR MEDICAL EXAMINATION. ONE OF THE PURPOSES OF THE DIVISION OF CHILD HYGIENE IS TO GET THE MOTHERS HOME, SO THAT MEDICAL CARE CAN BE OBTAINED PROMPTLY WITHOUT CHARGE WHEN NECESSARY. THE DIVISION AND CHILD HYGIENE NURSE HAVE BROUGHT ABOUT THE REGISTRATION OF BABY BIRTH IN THE CITY OF NEWARK.

INFANTS OF COLOR

WHILE LONG TIME MEANS RECEIVE THE SAME TREATMENT FROM THE CHILD HYGIENE NURSE AS LEGITIMATE INFANTS, THESE CASES RECEIVE THE ADDITIONAL SUPERVISION AND HELP OF A SOCIAL AGENCY. THROUGH A PLAN OF COOPERATION WITH THE VARIOUS HOSPITALS OF THE CITY THE DIVISION IS NOTIFIED OF THE ADMITTANCE OF A WOMAN TO A HOSPITAL OR OF HER ENROLLMENT AT A PRENATAL CLINIC. UPON RECEIPT OF THIS NOTIFICATION THE CASE IS TURNED OVER BY THE DIVISION TO ONE OF THE SOCIAL WORKERS, ACCORDING TO HER COLOR RELIGION. THE SOCIAL WORKER VISITS THE CHILD HYGIENE NURSE'S HOME, THE MOTHER RECEIVES SOCIAL SERVICES FROM AN AGENCY SPECIALLY EQUIPPED FOR SUCH WORK.

FURTHERMORE, THE DEPARTMENT HAS PLACED A CONVULSANT HOSPITAL FOR NURSING MOTHERS UNDER THE SUPERVISION OF THE DIVISION. BOTH MARRIED AND UNMARRIED EXPECTANT MOTHERS AND UNMARRIED MOTHERS WITH THEIR BABIES. EXPECTANT MOTHERS ENTER THE HOME IN THE LAST FEW DAYS OF THEIR PREGNANCY, AND USUALLY RETURN THE FOLLOWING DAY WITH A BABY. FROM THE HOME, MOTHERS MAY REMAIN AT HOME OR VISIT THE HOME. THE MOTHERS MAY REMAIN AT THE HOME WITH THEIR BABIES FOR A PERIOD NOT EXCEEDING THREE MONTHS. EACH GIRL HAS A SUPERVISOR ON OF SOCIAL AGENCY. THE SOCIAL WORKER IN CHARGE OF THE GIRL HELPS HER TO PLAN HER FUTURE AND HER BABY, SO THAT BY THE TIME SHE IS READY TO LEAVE THE HOME, SHE HAS A PLACE TO GO. THE GIRL MAY STAY AT THE HOME THE GIRL IS TAUGHT PROPER CARE AND MANAGEMENT OF BABIES, HOW TO TAKE COMPLETE CHARGE OF HER OWN INFANT, AND IS TAUGHT GENERAL HOUSEWORK, SO THAT, IF NECESSARY, HE MAY TAKE ADDITION A DOMESTIC UPON LEAVING THE HOME. IN ADDITION TO UNMARRIED MOTHERS, SOCIAL WORKERS SOMETIMES PLACE DESTITUTE MOTHER AND THEIR CHILDREN IN THE HOME AND, IN EARLY INSTANCES, BABIES WITHOUT THEIR MOTHER. THESE WOMEN AND BABIES REMAIN AT THE HOME UNTIL SUCH TIME AS THE SOCIAL WORKERS CAN RE-ESTABLISH THEM IN THEIR OWN HOMES OR MAKE SOME OTHER PROVISION FOR THE FUTURE.

THE NUMBER OF PHYSICIAN IN CHARGE OF BABY-KEEP-CELL STATIONS HAS INCREASED FROM 9 IN 1930 TO TWELVE IN 1935, WHILE THE NUMBER OF CHILD HYGIENE NURSES HAS REMAINED AROUND 23 DURING THE ENTIRE PERIOD. THE BABY-KEEP-CELL STATIONS HAVE INCREASED IN NUMBER FROM 18 IN 1930 TO 18 IN 1935, CONDUCTING IN THE LATTER YEAR, 36 CONSULTATIONS A WEEK.

CHART I -- INFANT MORTALITY RATE

YEARS	DEATHS UNDER 1 YR PER 1,000 BIRTHS	DEATHS UNDER 1 MO PER 1,000 BIRTHS	STILLBIRTHS - PER 1,000 DELIVERIES	PURPERAL DEATHS PER 1,000 DELIVER.	TOTAL BIRTHS	BIRTHS ATTENDED BY MIDWIVES	BIRTHS DELIVERED IN HOSPITALS	BIRTHS ATTENDED BY PHYSICIANS AT HOME	TOTAL DEATHS UNDER 1 YEAR	TOTAL DEATHS UNDER 1 MO.	TOTAL STILLBIRTHS	TOTAL PURPERAL DEATHS
1930	52.1	27.9	36.0	6.6	9824	1493	6917	1814	512	274	367	67
1931	51.5	27.2	40.1	3.4	9506	1191	6824	1491	490	259	397	74
1932	42.2	25.5	37.3	4.4	8782	953	6538	1291	371	224	340	40
1933	45.1	24.8	37.5	3.5	7897	716	6195	986	356	197	308	29*
1934	45.2	27.2	32.7	5.2	7565	625	5858	1082	342	206	256	4**
1935	54.6	32.9	34.9	4.4	7638	515	6076	1047	417	251	276	35*

* INCLUDES 2 CRIMINAL ABORTIONS

** " 6 " "

CHART I -- BIRTHS AND DEATHS UNDER ONE YEAR BY COLOR AND ATTENDANT.

YEARS	TOTAL BIRTHS	TOTAL COLORED BIRTHS	% TOTAL BIRTHS COLORED	MIDWIVES BIRTHS	% TOTAL BIRTHS DEL. BY MIDWIVES	TOTAL DEATHS UNDER 1 YEAR	INFANT MORTALITY RATES
1930	9824	1061	10.8	1493	15.2	512	52.1
1931	9506	1026	10.8	1191	12.5	490	51.5
1932	8782	976	11.1	953	10.9	371	42.2
1933	7897	911	11.5	716	9.1	356	45.1
1934	7565	880	11.6	625	8.3	342	45.2
1935	7638	879	11.4	515	6.7	417	54.6

CHART III -- DEATHS UNDER YEAR BY CAUSES.

YEAR	ALL CAUSES	BREATHING	PNEUMONIA	PERITONITIS	ENTERIC	OTHER CONTAGIOUS DISEASES	FALLING, INF., CONV., D.B., PREMATURE	OTHERS	TOTAL
1930	4	9	95	10	33	10	278	73	512
1931	0	10	86	17	30	21	273	53	490
1932	0	2	67	5	13	12	232	40	371
1933	2	2	75	2	18	10	191	56	356
1934	0	2	52	5	23	2	221	37	342
1935	3	3	59	7	22	16	264	43	417
1930-1	4.2	1.0	9.4	1.4	3.3	1.6	28.5	6.5	(SPECIFIC
1932-3	1.1	1.2	8.5	1.4	1.9	1.3	25.4	5.8	(DEATH RATES
1934-5	1.2	1.3	7.3	1.8	3.0	1.2	31.9	5.3	(BY 2-YR PERIODS

CHART IV -- NURSES' ACTIVITIES

YEAR	NO. BABIES BORN DURING YEAR	TOTAL NO. OF DAYS NURSED	NO. DAYS' VISITS TO HOME	NO. DAYS' VISITS TO HOSPITAL	EYE SAFETY TAKEN
1930	4,777	8,437	61,445	32,298	74
1931	5,070	11,899	68,715	32,395	110
1932	4,915	12,397	76,575	41,971	65
1933	4,386	11,860	71,093	34,845	80
1934	4,236	12,219	67,536	29,380	87
1935	4,060	12,948	72,877	25,903	106

PAROCHIAL SCHOOL MEDICAL INSPECTION

IN NO OTHER ASSEMBLY OF INDIVIDUALS IS IT SO NECESSARY TO HAVE A HIGH STANDARD OF PHYSICAL DEVELOPMENT AND FREEDOM FROM CONTAGIOUS DISEASES AS IN THE CASE OF CHILDREN IN SCHOOLS. IT IS UNFORTUNATELY TRUE THAT MANY PARENTS ARE CARELESS OR IGNORANT OF THE DANGER OF MINOR MALADIES AND FREQUENTLY WINNING SYMPTOMS THAT MAY WELL BE OF IMPORTANCE TO THE WELFARE AND HEALTH OF THE CHILD. IT IS FOR THIS REASON THAT THE SCHOOL INSPECTION OF CHILDREN OF ALL AGES IS A ROUTINE ACTIVITY OF HEALTH DEPARTMENTS AND SCHOOLS OF EDUCATION. THE 85,000 CHILDREN ATTENDING THE PUBLIC SCHOOLS AND THE 15,000 ATTENDING THE PAROCHIAL SCHOOLS ARE UNDER CONSTANT INSPECTION BY TRAINED NURSES WHO OVERSEE THE GENERAL HYGIENE OF THE CHILD AND GIVE THE NECESSARY INSTRUCTIONS UPON HEALTH MATTERS IN CLASSROOMS AND ASSEMBLIES.

WITHIN TEN YEARS, A VERY REMARKABLE IMPROVEMENT HAS BEEN SHOWN IN THE GENERAL PHYSICAL CONDITION OF THE CHILDREN IN PAROCHIAL SCHOOLS, OBSERVED BY TRAINED NURSES OF THE HEALTH DEPARTMENT OF WHICHHOE NOW HAVE THIRTEEN. GENERAL WEAKNESS AND ANEMIA ARE NOW INFREQUENTLY OBSERVED AND THE STANDARD OF PHYSICAL DEVELOPMENT IS OF A HIGH TYPE. THE INTEREST OF CHILDREN IN THE CARE OF THE TEETH HAS BEEN FOSTERED BY TOOTH BRUSH DRILLS AND BY THE DISTRIBUTION OF CIRCULARS AND LITERATURE. THE PARENTS THEMSELVES HAVE BEEN INFORMED UPON THIS IMPORTANT MATTER. SPECIAL EFFORTS HAVE BEEN MADE TO HAVE THE GRADUATION CLASSES FROM EACH SCHOOL HAVE ALL DEFECTS TAKEN CARE OF AND A CERTIFICATE OF HEALTH GIVEN UPON GRADUATION. WHEN DEFECTS STILL EXIST AMONG GRADUATES, A CERTIFICATE OF THAT FACT WAS DELIVERED TO THE GRADUATE, FOR THE INFORMATION OF THE PARENTS.

VACCINATION - 100%

IT HAS BEEN THE POLICY OF THE HEALTH DEPARTMENT TO REQUIRE VACCINATION OF ALL CHILDREN ATTENDING PAROCHIAL AND PRIVATE SCHOOLS, SO THAT THIS ROUTINE REQUIREMENT HAS ASSURED US OF 100% VACCINATION IN ALL SCHOOLS.

DIPHTHERIA IMMUNIZATION - 98%

THE CAMPAIGN FOR THE IMMUNIZATION OF ALL SCHOOL CHILDREN AGAINST DIPHTHERIA HAS PROGRESSED VERY GENERALLY THROUGHOUT ALL THE PAROCHIAL SCHOOLS, SO THAT THE NUMBER NOW PROTECTED IS 98% OF THE TOTAL. SPECIAL EFFORT HAS ALWAYS BEEN MADE TO HAVE THE KINDERGARTEN AND FIRST GRADE CLASSES IMMUNIZED, SO THAT THESE ARE NOW OVER 99% IMMUNIZED. THAT OUR EFFORTS WERE SO SUCCESSFUL IS DUE TO THE SPECIAL FOLLOW-UP OF ALL REFUSALS BY OUR NURSES AND HEALTH INSPECTORS, AS WELL AS C. W. A. CAMPAIGN OF 1934. NO MORE WAS LEFT UNTURNED TO BRING PRESSURE TO BEAR UPON PARENTS THROUGH EMPLOYERS AND OTHER AGENCIES. THE INTEREST OF SCHOOL CHILDREN IN THE CAMPAIGN WAS STIMULATED BY GIVING CLASS AND SCHOOL BONNERS AND BY ICE CREAM PARTIES TO THOSE CLASSES HAVING 100% OF THE CHILDREN IMMUNIZED. LOLLY POPS BY THE THOUSANDS WERE DISTRIBUTED TO CHILDREN WAITING FOR IMMUNIZATION.

NON-IMMUNIZED CHILDREN EXCLUDED FROM SCHOOL

MEANWHILE THE STATE SANITARY CODE WAS AMENDED, GIVING AUTHORITY TO LOCAL BOARDS OF HEALTH TO EXCLUDE ALL CHILDREN IN SCHOOLS WHO HAD BEEN EXPOSED TO DIPHTHERIA FOR THE INCUBATION PERIOD OF THE DISEASE. WITH THIS AUTHORITY WE EXCLUDED FROM ALL SCHOOLS, PUBLIC AND PRIVATE, ANY NON-IMMUNIZED CHILD FROM CLASS WHERE EITHER A WAS REPORTED, FOR A PERIOD OF ONE WEEK. THIS EXCLUSION ALONE, BROUGHT ABOUT THE GREATEST REDUCTION IN THE NUMBER OF REFUSALS BY PARENTS. MANY CHILDREN WERE SWEETLY EXCLUDED DURING THE SCHOOL SESSION.

ROUTINE ACTIVITIES

IN ADDITION TO THE SPECIAL WORK ON IMMUNIZATION, THE NURSES OF THE PAROCHIAL SCHOOLS, AS THE TABULATED REPORT WILL SHOW, CARRY OUT THOUSANDS OF PHYSICAL EXAMINATIONS OF CHILDREN OF ALL GRADES THROUGHOUT THE YEAR. THE EXAMINATIONS ARE FOR THE PURPOSE OF REVEALING DEFECTS IN TEETH, ADENOIDES, TONSILS, EYES, EARS, CONDITION OF UNDERNUTRITION, CHEST DEVELOPMENT AND PERSONAL CLEANLINESS. EVERY SCHOOL CHILD HAS AT LEAST THE PHYSICAL EXAMINATION MADE BY THE NURSE DURING THE SCHOOL YEAR, AND ALL DEFECTS OR IRREGULARTIES OF PHYSICAL CONDITIONS ARE NOTED UPON THE SCHOOL RECORD CARD WHICH IS SO MADE OUT AT TO GO WITH THE CHILD DURING THE SCHOOL LIFE. THIS ENABLES A CONTINUOUS REVIEW OF THE HEALTH OF ALL THE PUPILS AS EACH GRADE IS REACHED. RE-INSPECTIONS INCLUDE INSPECTION OF

CHILDREN ARE EXCLUDED FOR QUARTANTIN, FOR THOSE HAVING BEEN VACCINATED OR IMMUNIZED AGAINST DIPHTHERIA OR THOSE WHO HAD BEEN NOTIFIED OF DEFECTS NEEDING ATTENTION.

DEFECTS FOUND
IN THE CITY, THERE IS AN INCREASING DEMAND FOR FREE DENTAL TREATMENT FOR CHILDREN. AT THE PRESENT TIME, THERE ARE TWO CLINICS LOCATED IN PAROCHIAL SCHOOLS, THE LATTER SERVED BY VOLUNTEER DENTISTS. THERE IS GREAT NEED FOR INCREASED FACILITIES FOR FREE DENTAL TREATMENT FOR SCHOOL CHILDREN IN THE CITY. THE SITUATION WITH REGARD TO UNEMPLOYMENT HAS RENDERED IT IMPOSSIBLE FOR AS MANY FAMILIES TO AFFORD PRIVATE DENTAL AS FOLLOWS WITH THE RESULT THAT GREATER BURDENS ARE BEING PLACED UPON THE FREE SERVICE. NOSE AND THROAT DEFECTS ARE MOSTLY TONSILS AND ADENOIDS, AND MANY OF THEM ARE TAKEN CARE OF BY THE PRIVATE PHYSICIANS.

DEFECTS FOUND ARE GENERALLY MINOR IN NATURE, AND A HIGH PERCENTAGE OF CURES UNDER EACH HEAD IS GENERALLY SECURED. WHILE DENTAL FACILITIES HAVE CHEASED

IT HAS ALWAYS BEEN THE POLICY OF THIS DEPARTMENT TO TAKE A SERIOUS VIEW OF PARENTS FAILING TO PROVIDE PROPER GLASSES FOR CHILDREN WITH DEFECTIVE EYESIGHT. WHERE THE PARENTS CAN AFFORD TO PAY AND REFUSE, ACTIVE STEPS ARE TAKEN TO WORK THE HAND OF THE CHILD FOR THE AID OF THE STATE. HERE PUBLIC CLASSES, THE NECESSARY GLASSES WERE PROVIDED BY APPEALING TO PRIVATE AND PUBLIC CHARITIES. MOST SKIN DEFECTS ARE MINOR IN CHARACTER, INCLUDING BOILS, PIMPLES, ECZEMA AND IMPETIGO. VERMIN AND UNCLEAN CONDITIONS ARE BECOMING INCREASINGLY RARE IN THE SCHOOLS. PERSONAL CLEANLINESS IS GENERALLY EMPHASIZED IN CLASS TALKS. THE GENERAL BOSSON OF CHILDREN'S MOUTH, ALDO VERY DEFECTS, ARE ABLY AIDED IN KEEPING HEADS FREE FROM VERMIN. DENTAL DEFECTS ARE GENERALLY REFERRED TO THE BOARD OF EDUCATION FOR EXAMINATION AND CARE IN SPECIAL UNGRADED OR BRIGHT SCHOOLS.

DIPHTHERIA IMMUNIZATION RECORD

	<u>TOTAL PUPILS</u>	<u>IMMUNIZED</u>	<u>NOT IMMUNIZED</u>	<u>PERCENT IMMUNE</u>
1930	14,398	13,299	1,099	92.6%
1931	14,134	13,446	688	95.2%
1932	14,174	13,566	608	95.7%
1933	14,423	13,885	538	96%
1934	14,616	14,266	350	98%
1935	13,780	13,470	310	98%

MEDICAL INSPECTION

	<u>1935</u>	<u>1934</u>	<u>1933</u>	<u>1932</u>	<u>1931</u>	<u>1930</u>
DEATH - DEFECT - - - - -	10,759	10,404	1,939	0,439	7,441	4,670
" - CURE - - - - -	4,440	4,486	5,910	6,376	7,592	7,156
NOSE & THROAT - DEFECT - - - - -	2,554	2,547	2,293	3,410	1,088	1,781
" - CURE - - - - -	1,099	1,063	1,202	1,812	2,223	2,268
EYE & EAR - DEFECT - - - - -	2,079	1,752	1,785	2,228	2,185	2,389
" - CURE - - - - -	908	829	790	1,331	1,628	1,389
VERMIN & UNCLEAN - DEFECT - - - - -	3,034	2,511	1,773	1,098	932	789
" - CURE - - - - -	1,601	1,794	1,293	995	1,041	681
SKIN - DEFECT - - - - -	3,836	3,240	2,549	3,092	2,967	2,927
" - CURE - - - - -	3,235	2,666	1,821	2,200	2,358	2,188
MENTAL BEHAVIOR - - - - -	20	15	42	36	22	37
EXCLUDED - - - - -	1,182	1,251	1,196	1,496	1,200	1,068
VACCINATIONS - - - - -	1,031	804	1,471	1,454	3,971	2,294
SCHOOL TREATMENTS - - - - -	22,439	19,577	19,293	25,117	20,368	18,943
CLASS INSPECTION & TALKS - - - - -	6,511	6,924	6,511	6,223	5,193	5,340
RE-INSPECTIONS - - - - -	62,634	51,843	41,197	49,303	56,215	52,863
PHYSICAL EXAMINATIONS - - - - -	23,557	21,399	21,468	23,475	23,035	22,405
GENERAL HOME CALLS - - - - -	1,235	1,105	1,042	1,330	1,135	983

VENEREAL DISEASE CONTROL DIVISION

DR. ROBERT R. SELLERS, ASS'T. DIRECTOR.

TREATMENTS AND CONTROL OF VENEREAL DISEASES HAS DEVELOPED SO GREATLY THAT A SEPARATE CLINIC BUILDING WAS OPENED IN 1932. THIS DIVISION OPERATES THE EXAMINATION AND TREATMENT OF PATIENT REGARDLESS OF ABILITY TO PAY, AS THE MOST EFFICIENT METHOD OF CONTROLLING VENEREAL DISEASES. OUR WORK ALSO INCLUDES ENFORCEMENT OF COMPULSORY TREATMENT BY PRIVATE PHYSICIAN OR CLINIC. IN CASES OF WILLFUL NEGLECT OR CARELESSNESS, PATIENTS ARE PROSECUTED AND PUT IN JAIL UNTIL NON-INFECTIOUS. NEW CASES ARE INVESTIGATED FOR SOURCE OF INFECTION AND FAMILY OR OTHER CONTACTS ARE EXAMINED. THE DIVISION COOPERATES IN EXAMINATION OF DOMESTICS AND FOOD HANDLERS.

IN THE FOLLOWING TABLES, FIGURES FOR 1932 ARE OMITTED, RECORDS HAVING BEEN DESTROYED.

		1931	1932	1934	1935
PATIENTS UNDER TREATMENT	SYPHILIS - MALE - - - - -	3575	2630	2962	3667
	" FEMALE - - - - -	1565	2345	3529	4283
	TOTAL - - - - -	5140	4975	6491	7950
	GONORRHEA - MALE - - - - -	2172	2561	2415	
	" FEMALE - - - - -	--	--	164	494
	TOTAL - - - - -	--	2172	2729	2909
TREATMENTS GIVEN	SYPHILIS - MALE - - - - -	56067	72695	60874	58720
	" FEMALE - - - - -	38905	64565	72490	69789
	TOTAL - - - - -	94972	136660	133164	148509
	GONORRHEA - MALE - - - - -	--	23358	18695	18824
	" FEMALE - - - - -	--	--	336	2613
	TOTAL - - - - -	--	23358	20031	21437
	CHANCROID - MALE - - - - -	--	579	363	150
LABORATORY EXAMINATIONS	WASSERMANN - POS. - - - - -	250	2415	4236	4586
	" NEG. - - - - -	0320	9487	15546	19506
	TOTAL - - - - -	12470	11902	20882	24082
	GC SMEARS - FOR. MALE - - - - -	--	767	722	821
	" FEMALE - - - - -	--	130	299	166
	" NEG. MALE - - - - -	--	900	7185	6766
	" FEMALE - - - - -	--	292	9916	7042
	TOTAL - - - - -	--	2089	18122	14795
	DARKE FLODS - FOR. - - - - -	2150	29	11	16
	" NEG. - - - - -	10320	43	36	25
	TOTAL - - - - -	12470	72	47	41
ROUTINE POLICE CASE EXAMINATIONS	SYPHILIS - POS. MALE - - - - -	--	2	0	1
	" NEG. " - - - - -	--	2	1	16
	POS. FEMALE - - - - -	--	126	124	68
	NEG. " - - - - -	--	178	219	147
	GONORRHEA - POS. MALE - - - - -	--	1	2	7
	" NEG. " - - - - -	--	2	1	16
	POS. FEMALE - - - - -	--	8	12	11
	NEG. " - - - - -	--	178	219	147
REPORTED CASES	SYPHILIS - MALE - - - - -	--	533	449	475
	" FEMALE - - - - -	--	459	644	487
	TOTAL - - - - -	--	992	1093	962
	GONORRHEA - MALE - - - - -	--	460	409	422
	" FEMALE - - - - -	--	96	135	145
	TOTAL - - - - -	--	556	544	567
	CHANCROID - MALE - - - - -	--	7	4	15
	" FEMALE - - - - -	--	4	3	3
	TOTAL - - - - -	--	11	7	18
VISITS TO DELINQUENTS, PATIENTS, SOURCES OF INFECTIONS AND COMPLAINTS - - - - -		--	27985	25449	24000

BACTERIOLOGICAL LABORATORY

DR. R. N. CONNOLLY, BACTERIOLOGIST.

THE TABLES SHOWING EXAMINATIONS MADE, WILL GIVE A RATHER GENERAL IDEA OF THE SCOPE AND PURPOSES OF OUR LABORATORY. ROUTINE EXAMINATIONS ARE MADE OF MILK, WATER, AND FOODS OF EVERY TYPE, TOGETHER WITH MANY SPECIAL TYPES OF BACTERIOLOGICAL EXAMINATIONS. OUR LABORATORY SUPPLIES FREE EXAMINATION OF ALL DISEASE SPECIMENS FOR RESIDENTS OF THIS CITY. WE ALSO PREPARE CERTAIN BIOLOGICALS INCLUDING TYPHOID VACCINE, WHOOPING COUGH VACCINE AND TUBERCULIN FOR DIAGNOSTIC USE. MISCELLANEOUS EXAMINATIONS INCLUDED SAMPLES FROM SUSPECTED FOOD POISONING CASES, RINSE WATER FROM SODA FOUNTAINS AND TAVERNS, BLOOD FOR PNEUMONIA TYPING AND UNCULANT FEVER BLOOD TESTS. THIS DIVISION ALSO SUPERVISES RABIES AND DOG BITE INVESTIGATION WORK WITH TWO SPECIAL INSPECTORS. ALL BITING DOGS ARE PLACED UNDER QUARANTINE UNTIL PROVEN FREE FROM RABIES. DOG BITES HAVE BEEN INCREASING STEADILY BUT FORTUNATELY POSITIVE RABIES HAS BEEN FALLING, WITH NO CASE IN 1935. PASTEUR TREATMENTS ARE ADMINISTERED FREE TO NEWARK RESIDENTS AT OUR LABORATORY.

EXAMINATIONS AND RESULTS

	1929	1930	1931	1932	1933	1934	1935
DIPHTHERIA CULTURES - - - -	37169	24388	12016	10045	10188	8092	8404
" " POS. - - -	950	506	144	53	16	15	17
TUBERCULOSIS SPUTA - - - -	1709	1759	1879	1898	2073	2134	2234
" " POS. - - -	291	288	308	259	303	294	339
TYPHOID (WIDALS) - - - -	646	506	1519	949	1841	1198	1092
" " POS. - - -	20	17	27	52	22	42	238
DOG BRAIN (RABIES) - - - -	38	54	171	237	176	108	32
" " " POS. - - -	7	14	62	87	55	34	0
VINCENT'S ANGINA SMEARS - - -	413	420	452	465	565	1644	1629
" " " POS. - - -	122	114	112	130	142	404	394
GONORRHEA SMEARS - - - -	7087	7725	7434	7724	7506	15463	14145
" " POS. - - -	1746	1685	1589	1582	1520	1526	1471
WATER EXAMINATIONS - - - -	538	536	587	563	625	729	702
MILK " - - - -	2300	3019	3115	3765	3522	3407	3418
ICE CREAM ETC. " - - - -	--	--	--	273	522	461	465
SHELL FISH " - - - -	162	121	121	158	159	144	105
DOG BITE INVESTIGATIONS - - -	1522	1602	1855	1723	1902	1980	1900
PASTEUR TREATMENTS GIVEN - - -	1	9	28	54	32	10	0



SEROLOGICAL LABORATORY

DR. H. S. MARTLAND, PATHOLOGIST

	1931	1932	1933	1934	1935
<u>WASSERMANN TEST (KOLMER TECHNIC)</u>					
BLOOD WASSERMANN - - - - -	13,980	7,114	7,801	9,347	14,446
" " POSITIVE - - - - -	2,971	3,318	3,632	4,129	4,513
SPINAL FLUID WASSERMANN - - - - -	1,149	981	920	825	724
" " " POS. - - - - -	92	77	71	64	52
<u>KAHN PRECIPITATION TESTS</u>					
BLOOD KAHNS - - - - -	23,111	28,971	34,145	36,977	36,249
" " POSITIVE - - - - -	3,276	4,080	4,421	5,637	5,841
SPINAL FLUID KAHNS - - - - -	140	--	--	--	--
" " " POSITIVE - - - - -	14	--	--	--	--
<u>EXAMINATION OF VENEREAL SORES</u>					
DARKFIELD EXAMINATIONS - - - - -	27	58	54	34	34
(INCLUDING ASPIRATION OF REGIONAL GLANDS)					
DARKFIELD EXAM. POSITIVE - - - - -	10	19	18	16	16
<u>EXAMINATION FOR GONOCOCCUS</u>					
SMears FOR GONOCOCCI - - - - -	3,095	4,776	5,297	5,080	4,525
(FROM CITY HOSPITAL ONLY)					
SMears FOR GONOCOCCI POSITIVE - - - - -	198	302	230	304	235
<u>EXAMINATION OF SPINAL FLUID</u>					
ROUTINE SEROLOGICAL EXAMS. - - - - -	1,289	1,176	1,465	2,100	618
(INCLUDING CELL COUNT, GLOBULIN, GOLD SOL AND BACTERIOLOGICAL EXAMINATION)					
TOTAL EXAMINATIONS - - - - -	42,791	43,076	49,682	54,363	56,596



CHEMICAL LABORATORY

HALSEY M. DURAND, CHEMIST

THE YEARS 1933, 1934, 1935 SHOW A DECREASE IN THE TOTAL NUMBER OF ANALYSES DUE TO A DECREASE IN THE NUMBER OF MILKS AND CREAMS RECEIVED DURING THESE YEARS. THE DECREASE IN 1935 IS ALSO DUE TO A LARGE NUMBER OF LIQUOR ANALYSES ADDED TO THE MISCELLANEOUS FOR 1934.

THE MONTHLY SAMPLES TAKEN FROM DIFFERENT SECTIONS OF THE PEQUANNOCK AND LANAQUE WATER SUPPLY SYSTEMS HAVE BEEN REGULARLY ANALYZED. A NUMBER OF IRREGULARITIES WERE FOUND AT DIFFERENT LOCALITIES IN THE TWO SYSTEMS, INTO WHICH INVESTIGATIONS WERE RECOMMENCED. THESE IRREGULARITIES WERE EXPLAINED BY THE ADDITIONS OF AMMONIA AND CHLORINE GASES AND CHLORAMINE, USED IN PURIFICATION. THE ANALYSES OF THE CHEMICAL LABORATORY AND ENGINE HOUSE NO. 19 FAUCET SAMPLES SHOW THEM TO BE OF ABOUT THE USUAL HIGH STANDARD OF PURITY.

EXAMINATIONS (SUMMARY)

YEAR	TOTAL EXAM.	MILK	CREAM	ICE CREAM	WATER	MISC.
1930	8315	6741	1019	109	253	193
1931	8877	6756	1379	190	369	183
1932	9313	7290	1384	112	447	80
1933	8931	7003	865	232	563	248
1934	6994	4804	203	448	493	1046
1935	6040	4836	147	387	629	241

SAMPLES OF PRACTICALLY EVERY DESCRIPTION - FOOD, MEDICINE OR DRUGS, WERE ANALYZED FOR INJURIOUS INGREDIENTS, FITNESS FOR HUMAN CONSUMPTION, ADULTERATION, FOREIGN SUBSTANCES, SUCH AS GLASS, DIRT, INSECTS, MOLDS, ALCOHOLS FOR U.S.P. REQUIREMENTS, METHYL ALCOHOL AND % AND PROOF.

MILK SAMPLES

	1930	1931	1932	1933	1934	1935
TOTAL MILKS (ROUTINE) - - - - -	6741	6756	7290	7003	4798	4636
" " SEALED - BELOW STANDARD -	24	28	16	36	8	0
" " UNSEALED " " -	0	18	17	151	54	8
AVE. SOLIDS ABOVE STANDARD (MILK) - -	12.21	12.22	12.33	12.34	12.48	12.39
" " BELOW " " - -	11.02	11.02	11.14	11.15	11.32	0
ALL SAMPLES (MILK) - - - - -	12.21	12.20	12.33	12.33	12.48	12.39
AVE. FAT - ABOVE STANDARD (MILK) - -	3.51	3.56	3.57	3.59	3.70	3.99
" " BELOW " " - -	2.78	2.80	3.05*	3.21*	3.37*	3.13*
AVE. FAT - ALL SAMPLES " - -	3.51	3.55	3.57	3.59	3.69	3.99

* THE FAT IN % BELOW STANDARD IS HIGHER BY REASON OF THE FACT THAT LOW CERTIFIED MILKS, THE STANDARD FOR SOME OF WHICH IS 4.00% AND FOR OTHER 3.50%, AND ALSO THE LOW GRADE A MILKS, THE NEW JERSEY STATE MILK CONTROL STANDARD FOR WHICH IS 3.50% ARE INCLUDED IN THE BELOW STANDARD AVERAGE, ALTHOUGH ABOVE THE ORDINARY STANDARD OF 3.00%.

CREAM AND ICE CREAM SAMPLES

	1930	1931	1932	1933	1934	1935
CREAM SAMPLES - - - - -	1019	1379	1384	865	203	147
" " BELOW STANDARD - - - - -	28	17	6	4	0	0
ICE CREAM SAMPLES - - - - -	109	190	112	232	374	387
" " BELOW STANDARD - - - - -	5	29	3	5	9	22



